Owen

British social services

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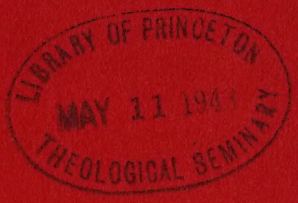

A · D · K · OWEN

THE BRITISH SOCIAL SERVICES

One of the most remarkable features of British life during the last fifty years has been the development of a wide range of public services—dealing with education, maternity and child welfare, the health of school children, the care of the blind and the insane, and the social well-being of the unemployed, the sick, the widowed, the orphaned, and the aged.

In this booklet Mr. A. D. K. Owen shows that these services are the modern expression of a long tradition of humanitarianism and mutual aid. He describes their development and the part which they play in British life today. In totalitarian countries the social services are used as instruments for creating a servile mentality. Mr. Owen shows how, in Great Britain, they are the jealously guarded responsibilities of scores of democratic bodies and of tens of thousands of public-spirited citizens.

As Secretary of the Civic Division of P E P (Political and Economic Planning), Stevenson Lecturer in Citizenship at the University of Glasgow since 1937, and in other capacities, the author has written, lectured and broadcasted much on British social services. He handles his fascinating but complicated subject with the mastery of the expert, and provides a most interesting survey of the whole field.

THE BRITISH SOCIAL SERVICES

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BY

A. D. K. OWEN

STEVENSON LECTURER IN CITIZENSHIP
AT THE UNIVERSITY OF GLASGOW

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THE BRITISH SOCIAL SERVICES

A GENERAL SURVEY

Towards the middle of the nineteenth century, Benjamin Disraeli, who was later to become a great Prime Minister of England, published a novel in which he wrote of 'the two nations'—the rich and the poor—into which the population of this country was divided. The rich and the poor are still with us, and the differences which exist between their standards of life continue to mar our society. But a great change has taken place within the lifetime of living men, and the economic and social position of the wage-earning classes has improved almost beyond recognition. This improvement has taken place, partly as a result of the rise in real wages which has accompanied the development of British industry and commerce, and partly as a result of the decline in the average number of dependent children in working-class families. A great part of the improvement in the standard of living of working-class families must, however, be attributed not to increased earnings or to diminished family responsibilities, but to the remarkable expansion of many different forms of collective social provision.

During the middle decades of the nineteenth century a successful attempt was made to remedy the worst abuses of the new industrialism —the exploitation of women and children, long working hours, dangerous and unhealthy processes, appalling housing conditions in the new industrial centres, and the absence of elementary sanitary measures—by means of protective factory legislation and Public Health Acts. Towards the end of the century Parliament came to grips with the problems of universal education and the provision of decent homes for the fast-growing industrial population. During the last forty years there have come into existence a whole host of new public services—dealing with maternity and child welfare, the health of schoolchildren, the welfare of the blind, the mentally defective and the insane, and the economic security and well-being of the unemployed, the sick and disabled, the widowed, the orphaned, and the elderly. Public expenditure in the United Kingdom on these 'Social Services,' as they have come to be called, amounted to £22.5 millions in 1890–1—less than 14*s*. per head of the population. Rather less than half a century later, in 1936–7, the total amounted to £450 millions (excluding war pensions), or nearly £10 per head of the population. Not far short of 10 per cent. of the entire output of goods and services

—the national income—of the United Kingdom was distributed in the form of public social services in 1937. And these figures take no account of the money value of the many and varied social services, rendered by voluntary bodies of all kinds, and paid for by means of private endowments and charitable subscriptions.

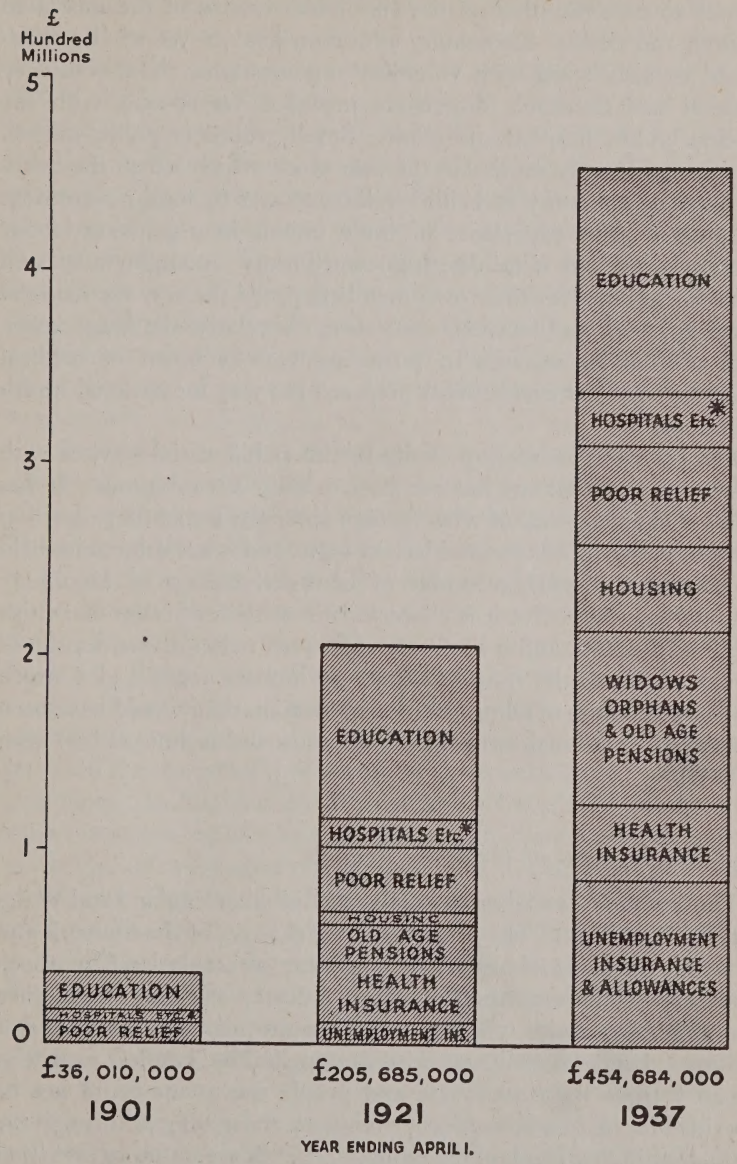
On the eve of the war the British Social Services were already an impressive national achievement. During the war they have stood the strain of social upheaval and dislocation without the need for major legislative changes. They have shown a remarkable degree of flexibility and, indeed, they have in some directions been very widely expanded. Meanwhile there has been a growing realisation of the need to deal comprehensively with the many gaps, deficiencies and anomalies which undoubtedly remain. These are the subject of Sir William Beveridge's masterly Report on the Social Insurances and Allied Services which was published in December 1942. This Report is now being considered by the British Government and it can hardly be doubted that its recommendations will form the basis of far-reaching developments during the next year or so.

The Origins of the Social Services

Although the development of the public social services of Great Britain in their present form is of comparatively recent date, we have to go back some distance in time to discover their origins. Like so many other British public institutions, the statutory social services, which are now administered by Government authorities and financed out of public funds, had their origins in voluntary collective action in an earlier age. For centuries men more fortunate than their fellows have been prepared to contribute alms to the needy through the Church or the guild, and to help to endow or maintain asylums and hospitals for the impotent, the sick, and the distraught. Poor men themselves long ago learnt the lesson of voluntary co-operation and mutual insurance against the hazards of ill-health, infirmity in old age, widowhood, and premature death, and the records testify to the existence of hundreds of friendly societies, 'burial clubs,' and other similar organisations in the eighteenth century and even earlier.

Out of these two traditions of benevolence and mutual aid the British public social services of our own time have sprung. Practically every public social service which is in operation to-day has its roots

GROWTH OF EXPENDITURE ON THE PUBLIC SOCIAL SERVICES



* Hospitals and treatment of disease; mental welfare and, from 1921, maternity and child welfare.

in some form of non-State provision. The Poor Law itself was created to take the place of the charitable services of the mediæval Church and guild. Elementary education has not yet wholly abandoned its association with voluntary organisations. The voluntary hospital and charitable dispensary preceded yet co-exist with the modern public hospital and clinic. Small groups of public-spirited citizens voluntarily undertook pioneer work which led to the establishment of maternity and child-welfare centres by local government authorities. The experience of trade unions in organising labour exchanges and in administering contributory unemployment and pensions schemes for their own members paved the way for national unemployment and pensions insurance. Similarly, the long experience of friendly societies in providing various forms of medical treatment and sickness benefits prepared the way for national health insurance.

The historical association of the British public social services with voluntary organisations has not been wholly advantageous. It has resulted in a great deal of what foreign observers sometimes regard as administrative untidiness and lack of logic, and it has sometimes held up important reforms on account of the vested interests of reactionary voluntary bodies. But it is characteristic of the evolution of British social institutions, and it has ensured a much richer diversification of services to meet the infinite variety of human needs and a much readier acceptance of administrative innovation than would have been possible if traditional forms of organisation and technique had been ignored.

The Development of the Social Services

The first *public* social service to be established in England and Wales was the Poor Law. The great economic changes of the fifteenth and sixteenth centuries, above all the enclosure of arable land for sheep pastures and the expansion of urban industry and commerce, gave rise to problems with which mediæval institutions were incapable of dealing. Feudal society was breaking up, and the landless men who began to rove the countryside and people the towns could not be provided for in their adversity by voluntary almsgiving or through the mutual assistance funds of decaying guilds. Some statutory provision was needed and, after a period of local experiment characteristic of English social history, a national system of poor relief was brought

into being towards the end of the reign of Elizabeth. The great Act which consolidated the Elizabethan Poor Law was passed in 1601 and, although the administrative details have been profoundly modified during the last 340 years, it remains—in principle—the basis of our system of providing for those who have no other means of support. It remains the duty of the local authority—in the days of Elizabeth the Justice of the Peace, in our own time locally elected Public Assistance Committees—to maintain the destitute according to their need, yet in such a way as to discourage a preference for relief rather than employment. The cost of relief continues to be borne by the local taxpayers and, although the creation of many new social services, notably those providing cash benefits in the event of sickness, unemployment, widowhood, and old age, has relieved the Poor Law of many of its responsibilities, the annual charge remains considerable.

In Scotland, which was an independent kingdom until 1603 and a self-governing kingdom for another hundred years, the development of the Poor Law was rather different from that of the English system. The relief of the poor remained a function of the Church until the middle of the last century, and the collection of funds for this purpose was conducted, for the most part, on a voluntary basis. Scotland, on the other hand, has a much older tradition of public education than England. Burgh schools and academies were provided by the municipal authorities in many Scottish towns in the sixteenth and seventeenth centuries, and as early as 1696 an Act was passed which provided for the establishment of parish schools, to be supported by local taxes. In England and Wales the provision of education was almost entirely in the hands of private individuals and voluntary bodies until 1870, and although there was great activity, especially on the part of religious organisations, in establishing schools, with the help of State grants after 1833, it was not until local public authorities began to build schools of their own that it became possible to provide an elementary education for all. Since 1870 great developments have taken place. Elementary education has been made universal, compulsory, and free, and the statutory leaving age has been raised by stages to fifteen years, with certain qualifications. Secondary and technical education has been developed intensively. Many new universities and university colleges have come into existence in the provinces, and the ancient Universities of Oxford and Cambridge have opened their doors to men and women of every class and creed.

Meanwhile a flourishing adult education movement has grown up, with a large membership in all the principal industrial areas of Great Britain.

For some time education and the Poor Law were the only two social services provided by public authorities in Great Britain. During the greater part of the nineteenth century the prevailing social philosophy was unsympathetic to any activity of the State which might be held to undermine the independence, self-reliance, and initiative of the individual citizen. It was an age of opportunity and rapid progress, and it was felt that there was no excuse for anyone, not being the victim of unmistakable misfortune, who could not stand on his own economic feet. Nevertheless, a great extension in the social activities of the State actually took place. Laws were passed to protect the interests of workers in factories, mines, and workshops, and many of the abuses of the early years of industrial capitalism were stamped out. Public Health Acts led to a revolution in urban sanitation. Parks and recreation grounds were opened by scores of municipalities. Libraries and swimming baths were provided. An attack was made on the problem of overcrowding and slum clearance. And at the end of the century a Workmen's Compensation Act was passed. Slowly it came to be recognised that unless the State was prepared to undertake much wider responsibilities for the welfare of individual citizens, the problem of poverty and the complex of social evils associated with it could never be solved. The new century opened up a new epoch in the development of the public social services, and the period between 1906 and the Great War produced a rich crop of social legislation. A generation ahead of its American counterpart, it was indeed a 'New Deal' for the British working class. In 1906 local education authorities were given powers to provide free meals for necessitous schoolchildren. In the following year a school medical service was set up. Thirty years of zealous advocacy by social reformers culminated in the introduction of non-contributory old age pensions in 1908. A national system of employment exchanges and the first Town Planning Act came in 1909. Trade Boards, for the determination of legally enforceable minimum wages and working conditions for those engaged in certain badly organised industries, were established in the same year. In 1911 two important social insurance schemes—national health and unemployment insurance—were established, and the first steps were taken to create an adequate

tuberculosis service. Two years later an important measure relating to the treatment of mental deficiency was passed.

During the last war a public service for the prevention and treatment of venereal disease was established, and a far-reaching measure of educational reform was introduced in 1918. Maternity and child-welfare services, which had been provided by some municipalities and voluntary organisations for many years, were widely extended after the war and, in 1920, the arrangements for looking after the welfare of the blind were greatly improved. During the next twenty years unemployment and the housing problem were the chief pre-occupations of the social welfare departments of the State. Unemployment insurance was extended to cover about two-thirds of the wage-earning population and, after a great deal of trial and error, an unemployment assistance service was set up in 1934 to provide for workers who were outside the scope of unemployment insurance or who had exhausted their insurance rights. A long series of housing Acts were passed during this period, and a great deal of activity has taken place as a result. Over four and a half million new houses have been built, most of them of the type required by working-class families, and several hundred thousand slum houses have been demolished. One-third of the entire population of Great Britain has been re-housed since 1918. Meanwhile a contributory pensions scheme has been introduced for widows, orphans, and insured workers and their wives over 65, and considerable extensions and improvements in the health services have taken place.

The outbreak of war in September 1939 appeared to destroy all hope of further expansion of the social services for the time being. In March 1940, however, an Act was passed providing contributory old-age pensions for insured women and the wives of insured men at the age of 60, and supplementary pensions for all old-age pensioners who establish their need for them. Moreover the war has led to the development of new organisations devoted to the training and welfare of young people; of schemes for the rehabilitation and resettlement of injured workers; and of new maternity services and nursing schools. The nation's hospitals have been reorganised as an Emergency Hospital Service. A Factory Medical Service has been established, and a well-planned national policy with special emphasis on the needs of young persons has been adopted by the Ministry of Food. Many new forms of voluntary social service have also come into ex-

istence—such as clubs and welfare activities for children evacuated from dangerous areas to the safer countryside, air-raid shelter services, welfare work in 'blitzed' areas, and Citizens' Advice Bureaux to help people with war-time problems.

The Public Social Services To-day

The British public social services which are in operation to-day may be conveniently grouped under four general headings.[1] There are, in the first place, a number of services which have been described [2] as *constructive community services*. These services include education, the public health and medical services, the national system of employment exchanges, and the arrangements for looking after the welfare of the blind, the mentally defective, the insane, and other sub-normal members of the community. In each case the service takes the form of providing specialised institutions and professional skill for common use. Public authorities provide schools and teachers, hospitals, clinics, sanatoria, doctors, nurses, and health visitors; employment exchanges and employment officers; workshops and clubs, instructors and welfare workers for blind people, and so on. They are essentially *constructive* services, for their purpose is to improve individual fitness and the social adaptation of the persons with whom they deal. They may be fairly described as *community* services because they are not restricted to any particular social class. Most well-to-do people may still prefer to send their children to private schools, to go to private nursing homes, and to use private employment exchanges, but they are not barred from using the public services, and, in point of fact, as these services have improved in quality the number of middle-class people who use their facilities has greatly increased.

The second group of services may be described as forms of *subsidised consumption*. Certain essentials of civilised life—healthy and properly equipped homes and some vital elements in diet—cannot be obtained by many citizens with low incomes owing to their high cost at ordinary market prices. Modern standards of housing, which assume the need for at least three or four rooms, in addition to a kitchen and bathroom, for a wage-earner's family, involve high rents

[1] The basic environmental services—water supply, sewerage, and the sanitary services—are not included in this classification.

[2] *Report on the British Social Services,* published by Political and Economic Planning (PEP), 1937.

if costs are to be met, and the minimum dietaries prescribed by modern physiologists for young and growing children and for expectant and nursing mothers are frequently too expensive for the lower paid workers' families. The difficulty can, however, be met by the payment of public subsidies, and these have, in fact, been paid on a large scale during the last twenty years to make it possible to re-house millions of wage-earners and their dependants in new garden estates and modern flats, and to enable mothers and children to obtain milk and other food at prices within their means. During the present war the Government has extended this principle to meet the need to keep down the price of certain essential articles of food, such as bread, meat, and milk, and expenditure at the rate of £127 millions a year is now being devoted to this purpose.[1]

The third group of services consists of the *social insurances*. These services—which include unemployment and health insurance and the widows', orphans', and old age contributory pensions scheme—may be regarded as a system of compulsory self-help, organised by the State and subsidised by the taxpayer and by employers of labour. Manual workers, and salaried employees earning not more than £250,[2] are required by law to make regular weekly contributions to a fund, to which their employers and the State also contribute, and from which they receive specific benefits in the event of unemployment, sickness, or disability, widowhood, orphanhood, or old age. The social insurances are the principal bulwark of the working-class population of Great Britain against poverty due to a failure of earnings from employment. Securely based upon a well-understood and generally accepted principle of mutual insurance, generously underwritten by the taxpayer, they are unmistakably popular, and the political representatives of organised labour are committed to their extension in various directions. Workmen's compensation insurance is not included among the British public social services. Employers are legally liable to pay compensation, and most of them insure against this risk either with commercial insurance companies or through their own associations. To remedy the present arrangements, which are

[1] During the early months of 1940 the cost of the public subsidies for this purpose amounted to over £1 million a week. Milk is now supplied at half price to all expectant and nursing mothers and to children under 5, and is supplied free in all cases of poverty.

[2] The unemployment insurance scheme was extended in June 1940 to cover 'black-coated' workers earning not more than £420.

far from satisfactory, the 'Beveridge' Report on the Social Insurances and Allied Services recommends that workmen's compensation should be brought into the national system of social insurance which provides for a unified compulsory contributory scheme.

The fourth group consists of social services which provide assistance for those whose needs are not covered by social insurance benefits. These *social assistance services* include non-contributory old age pensions payable at the age of 70; supplementary pensions payable to old age pensioners whose needs are not wholly covered by the standard rate of pension; unemployment assistance allowances; and poor relief, under one or other of its modern names, public assistance or social welfare. All of these services have two things in common—they are financed wholly out of public funds raised by taxation (national taxation in the case of pensions and unemployment assistance, local taxation in the case of poor relief), and, in each case, some account is taken, in granting assistance, of the financial circumstances of the applicant.

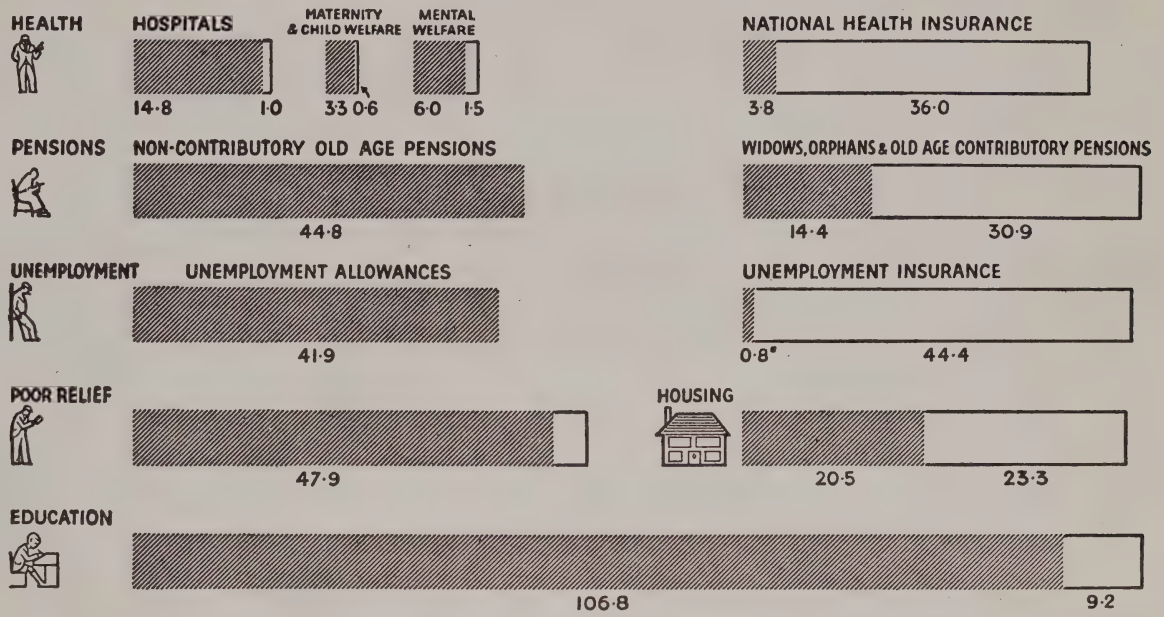
The Cost of the Public Social Services

The total cost of British public social services in the last financial year for which complete figures are available, the year ending March 31st, 1937, was £454,685,000, excluding the cost of war pensions and of such basic environmental services as water supply, drainage, and sanitation.[1] As has already been pointed out, this sum was equal to nearly 10 per cent. of the estimated value of all the goods and services produced in Great Britain, the entire home-produced national income, in the same year. The distribution of the cost among the principal services is set out on the opposite page. It will be seen that the net cost falling upon public funds was considerably less than the total cost. Income from school fees and other educational charges amounted to £9.2 millions, which must be set off against the £116 millions spent on public education. Beneficiaries of the health and mental welfare services contributed £3.1 millions towards the total expenditure of £27.2 millions. The

[1] During the same year expenditure on war pensions amounted to £40 millions, and on the environmental services (water supply, sewerage, the sanitary services, inspection of food, the provision of baths, washhouses, parks, and open spaces) over £60 millions.

GROSS AND NET EXPENDITURE ON THE PUBLIC SOCIAL SERVICES, 1936-7

Net expenditure by Central and Local Governments in black. Contributions, fees, and recovery of cost payments in outline. Figures are £ millions.



* Parliamentary votes for unemployment insurance totalled £21·6 millions, but as the fund's receipts exceeded expenditure by £20·8 millions, net expenditure by the State on unemployment benefit was only £0·8 million during 1936–7. The balance was added to the reserve which is being built up for use in years of heavier unemployment.

weekly contributions of employers and workers accounted for the greater part of the expenditure on social insurance benefits. The rents of houses built with the help of public funds yielded £23 millions against a gross expenditure of nearly £44 millions. Even in the case of the social assistance services the modest sum of £3.6 millions was received from relatives and other sources towards the expense of maintaining people in Poor Law institutions. The net cost of all the social services falling on public funds in 1936–7 was £305 millions (excluding the cost of war pensions) or 32 per cent. of the aggregate expenditure of the central government and the local authorities in Great Britain in that year.

Since the war began expenditure on the maintenance of the unemployed and on housing has fallen considerably, for unemployment has been greatly reduced and shortage of man-power and materials has made it impossible to proceed with house building except for the accommodation of essential war-workers on a small scale. On the other hand, education and the health services, which have been affected by the evacuation of dangerous areas and by the need for air-raid precautions, are still costing as much as ever. Moreover, expenditure on the pensions services, which have recently been extended, has increased appreciably. Some war-time sacrifices have been made but, as costs have risen, there has been no marked reduction in aggregate expenditure on the public social services taken as a whole.

The Citizen and the Social Services

The public social services touch the lives of ordinary citizens at a score of points. More than half the population benefits from them in some way or other every year. Nearly half the expectant mothers in England and Wales attend public ante-natal clinics. Maternity benefit is paid in respect of the great majority of confinements, a growing proportion of which take place in hospitals. A visit is paid to the home of practically every baby born in England and Wales by a trained health visitor, and considerably more than half the children under 1 year of age attend infant welfare centres. Education is compulsory between the ages of 5 and 14 (but for the war the leaving age would now have been 15, with certain qualifications), and there are normally some eight million children and adult students in attendance at public educational institutions. Every child passing through the public system of education is medically inspected

and examined for dental and other physical defects several times during its school career.

All workers under a contract of employment are insured under the national health insurance scheme, and it is estimated that medical attention and cash benefits are provided for some eight million insured people every year. The number of people who benefit from unemployment insurance and unemployment assistance varies with the general state of trade, but even in good times the number of workers and their dependants who need temporary help owing to short spells of unemployment may run into millions during the course of twelve months. Widows in receipt of pensions and their dependants together number well over a million, and there are nearly two million old age pensioners. Public assistance now benefits over a million people, including the wives and children of applicants for relief, but the effect of the recent scheme providing for supplementary old age pensions will probably be to transfer nearly 300,000 old pensioners, now in receipt of supplementary allowances, from public assistance authorities to the new service, and to encourage many others to apply for increased pensions.

The Social Services in the Daily Life

Another way of estimating the importance of the public social services is to consider the part which they play in the life of a typical working-class family. When a young wage-earner marries he may be fortunate enough to rent a house on a municipal estate at rent reduced to the extent of several shillings a week by means of a public subsidy. Before his first child is born his wife will be wise to visit an ante-natal clinic at an infant welfare centre or maternity hospital. The birth may well take place at a public maternity home or hospital, or the child may be delivered at home by a midwife on the staff of the local health authority. In any event, the baby will be visited by a 'health visitor,' and this will probably be followed by attendance at an infant welfare centre, where the baby will be weighed and examined and where the mother will have an opportunity of obtaining advice and help and, if need be, milk and other foods free or at reduced prices. There is no reason why the mother should not continue to attend the welfare centre until the child is 5, though if she is fortunate enough to be living near a nursery school, nursery class, or one of the many war-time nurseries which have been established during the last three

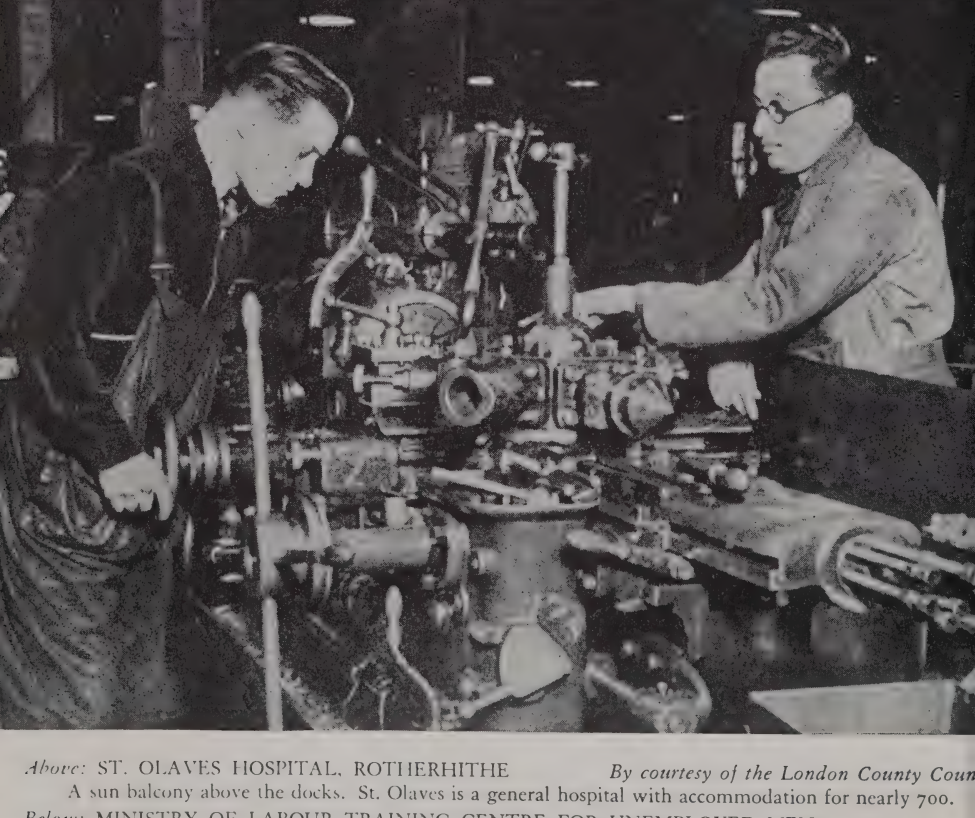
years, she would do well to take advantage of an opportunity which is still, unhappily, not universal.

When the child is 5 the time comes for attendance at an ordinary school. Here the child will not only be educated but also medically examined and treated for minor ailments by a school doctor or nurse. Meanwhile the ill-health or unemployment of the child's father may have given rise to claims for health and unemployment insurance benefits and, possibly, if ill-health or unemployment has been prolonged, to an application for unemployment assistance or poor relief. An industrial accident or disease would probably involve treatment in hospital, and would, in any case, give rise to a claim under the Workmen's Compensation Acts. If the wage-earner dies, his widow will be entitled to a pension for herself and an allowance for her children until they reach the age of 16. On the other hand, if both of them live, they may look forward to old age pensions when the husband is 65 and the wife 60 years old. If these pensions—10*s.* per week each—are insufficient for their needs, it will be possible for them to obtain supplementary pensions under the new scheme which came into force in 1940. The example which has been taken is not unusual. It is broadly true to the life of millions of British working-class families, and it illustrates how continuously and intimately the public social services affect the lives of ordinary citizens in this country to-day.

It is important to notice that no social stigma attaches to participation in the benefits of any of these services. Even the poor law in its modern form—public assistance—has lost most of its earlier unhappy associations, and it no longer carries with it civil disabilities for those whom it benefits. By and large, the public social services are accepted as sensible and businesslike collective arrangements for meeting the social needs of the ordinary citizen. Collective provision, whether in the field of education, of health, or of social insurance, is recognised as being more economical than any other arrangement, and the evils of bureaucracy are kept at bay by the vigilance of democratically elected representatives of the people, by public criticism in a free press, and by the participation of voluntary organisations and voluntary workers in social service administration. Under a totalitarian system the social services may be, as indeed they are in some countries, used as instruments for creating a servile mentality. In Great Britain they are the jealously guarded responsibilities of scores of democratic bodies and of tens of thousands of public-spirited citizens.

ove: HORSLEY'S GREEN EVACUATION CAMP *By courtesy of Sir John Burnet, Tait & Lorne*
n peace or war the country is the place for children. This camp is high on the wooded Chiltern Hills, near West Wycombe.

low: CHISLEHURST AND SIDCUP COUNTY SCHOOL *Fox Photos*
A secondary school on the outskirts of London. It can take 500 boys from 11 to 18 years of age.



Above: ST. OLAVES HOSPITAL, ROTHERHITHE *By courtesy of the London County Coun*
A sun balcony above the docks. St. Olaves is a general hospital with accommodation for nearly 700.

Below: MINISTRY OF LABOUR TRAINING CENTRE FOR UNEMPLOYED MEN
Sport and General Press Ager
A trainee at work on a capstan lathe. Vast numbers are being prepared for joining in the war effort.

The Administration of the Social Services

Most of the constructive social services—education, health, the care of the blind, mental welfare, and so on—are administered by elected local government authorities, under the general supervision of central government departments such as the Board of Education and the Ministry of Health.[1] The local authorities raise part of their income by levying rates on immovable property, such as houses, factories, and business premises, but in recent years an increasing proportion of the revenue of the British local government authorities has come from the central government in the form of grants-in-aid. The control of these grants gives the central departments considerable influence over the policy of the local authorities, but the local authorities have a wide measure of freedom in interpreting their statutory obligations and in initiating new activities.

Local self-government inevitably leads to variations in standards of administration and service between one area and another. Some local authorities are noted for their progressive administration of particular services—for example, education or the health services. Others are backward in these matters, but their responsibility to a local electorate does ensure that the needs and interests of the communities which they serve are taken into consideration, and it is always possible for the central departments to insist on certain minimum standards of provision.

The social insurances are not locally administered, but some use is made of local committees appointed by the central departments to help them in dealing with local problems. The unemployment insurance scheme (operated through the employment exchange system) is directly administered by the Ministry of Labour for Great Britain as a whole, but the Ministry finds it useful to appoint a large number of local employment committees to give advice on local issues. The Ministry of Health and the Department of Health for Scotland administer health insurance and contributory pensions services for widows, orphans, and old people in England, and Wales, and in Scotland respectively. In the case of health insurance, however, a large number of private organisations—friendly societies and com-

[1] Scotland has her own central departments for education and health: the Scottish Education Department and the Department of Health for Scotland, with headquarters in Edinburgh.

mercial insurance companies—are associated with the administration of certain benefits, and some use is made of local insurance committees to look after various local interests.

The Poor Law remains a responsibility of locally elected public assistance committees, but the work of these committees has been considerably reduced by the transference of responsibility, first for the needy unemployed and later for needy old age pensioners, to the Assistance Board. The Assistance Board is not a Government department in the ordinary sense of the term. It is a quasi-independent body, whose members are nominated by the Government, enjoying a degree of immunity from day-to-day Parliamentary control. But the Board is ultimately dependent upon Parliamentary approval, and no Government can divest itself of responsibility for the way in which the Board carries out its duties. As it is a highly centralised institution, working through its own local officials and a net-work of local offices throughout the country, an endeavour has been made to avoid the dangers of bureaucratic uniformity by means of local advisory committees, to which employers, workers, and other representatives of local interests are appointed. These committees play a useful part in keeping the Assistance Board in touch with local feeling and opinion.

An interesting war-time development has been the establishment of local administrative centres bringing together the local representatives of the central government departments and the social service departments of the local authority under the same roof. By this means it has been possible to eliminate much wearisome and unnecessary wandering from office to office on the part of citizens in need of information or help. The need for these centres was felt acutely during the temporary dislocation of services which followed heavy air-raids but they have proved themselves so useful that they are likely to become a permanent feature of local administration in some areas.

Voluntary Social Service To-day

Although the sphere of State action has greatly expanded in recent years, voluntary organisations continue to play an important part in the British social services. Pioneer work by voluntary bodies had led to the establishment of nursery schools, day nurseries, child-guidance clinics, health centres, clubs for boys and girls and for the unemployed, and community centres on new housing estates and in rural areas—

to name only a few developments—during the last ten years. Frequently the organisations responsible for these developments have been officially recognised and have received financial assistance out of public funds without any loss of independence. Thus in the case of the welfare work undertaken by the voluntary social service movement for the unemployed, the State has used an important national organisation—the National Council of Social Service—to administer substantial public grants-in-aid. Since the beginning of the war the State has co-operated with voluntary bodies in organising leisure-time activities for young people between the ages of 14 and 20, and in assisting music and the arts in war-time.

Another characteristic feature of the British social services is the part played in their administration by the unpaid social worker. As these services have expanded, a large army of professional social service workers has grown up—doctors, nurses, employment exchange officials, health visitors, welfare workers, social assistance administrators, and the like. But the services of voluntary, unpaid workers are still used on a large scale. The health, education, and public assistance services are still for the most part locally administered, and thousands of locally elected representatives of the people take an active part in supervising their operation. In this work they are assisted by thousands of other citizens who are 'co-opted' to local committees responsible for particular services, such as the administration of a local hospital or of poor relief. In addition to the men and women who serve on local government councils and committees, there are thousands more who give part of their time to help in child-welfare clinics, day nurseries, the after-care work of the school medical service, boys' and girls' clubs, and a host of other activities.

During the war the unpaid social worker has taken up new tasks in 'British Restaurants,' canteens, shelters and such organisations as the Citizens' Advice Bureaux, which have developed rapidly during the last three years to meet the citizen's need for information on war-time developments which affect his everyday life. There are now about 1000 Citizens' Advice Bureaux giving free advice on subjects ranging from clothes rationing and evacuation problems, to difficulties over pensions, separation allowances and rent. Many Citizens' Advice Bureaux provide services of a specialised character, such as the provision of free legal advice, through a 'poor man's lawyer.'

The unofficial bodies and private citizens engaged in social service work in Great Britain are not to be dismissed as vestigial survivals

from an earlier social epoch. They are part of a living tradition and, though their functions may be profoundly modified as time passes, the spirit of the British social services cannot be understood without an appreciation of the part which is still played by the voluntary organisation and the voluntary worker in their administration.

THE EDUCATION SERVICES

Before the war Great Britain spent considerably more than £100 millions a year on education. This was more than one-tenth of the total expenditure of the central government and the local authorities combined in a normal peace-time year. Every boy and girl between the ages of 5 and 14 years must receive some form of continuous education, either in a school provided by a public authority or in some other way. A few children are educated by their parents or by private tutors; a considerable number of children are educated in 'Preparatory' and 'Public' schools outside the State system; but the great majority of children pass through schools provided by public authorities. During the year 1938–9, 5,713,480 out of 6,140,650 children of school age (5–14), about 94 per cent., were on the rolls of public elementary schools or of schools maintained wholly or in part by public authorities. There were, in addition, some 178,000 children under 5 attending nursery schools, nursery classes, and infants' schools provided or maintained by public authorities.

About half a million boys and girls between the ages of 13 and 18 were in full-time attendance at various types of educational institution, such as central schools (for boys and girls up to 15), secondary schools (for boys and girls up to 18), and junior and senior technical, commercial, art, and domestic science schools. Apart from full-time students there were, in the same year, more than a million young people over the age of 14 taking various part-time courses, held for the most part in evening institutions and in technical schools and colleges, and there were about 65,000 adult students attending university extension classes, classes organised by the Workers' Educational Association, and other adult courses, the cost of which is met almost entirely by public authorities. Universities and university colleges, teachers' training colleges, and other higher educational institutions which received financial help from public funds enrolled nearly 80,000 full-time students in 1938–9.

The Stages of the Education

Elementary education is provided free throughout Great Britain, and under the heading of 'elementary education' are included large numbers of senior and central schools providing education of a secondary grade. Up to the age of 7 children are taught in infant classes, where the main concern is to provide an 'environment which is best adapted to promote the healthy development of body and

mind.' Formal work takes second place, and the importance of music, drawing, handwork, nature study, dramatisation, and speech training is stressed. Between the ages of 7 and 11 boys and girls attend primary-school classes, where the emphasis is placed, first of all, upon the 'physical and moral well-being of the children' and, secondly, upon 'a sound knowledge of the elements of reading, writing, and arithmetic.' Education in the junior school is more formal than in the infant school, but the importance of music, handwork, and practical activities is not lost sight of. Many infant and junior classes are still far too large for the individual and group work which is needed at this stage, and many school buildings are old and unsuitable for modern methods. But a great improvement has taken place in this respect during the last ten years, and further improvement was foreshadowed before the outbreak of war.

At the age of 11 there is now a parting of the ways in most parts of Great Britain. Some children, usually chosen by examination, pass on to secondary schools, where they receive an education designed to prepare them for entrance to the professions, for responsible positions in industry and commerce, or for university life. Other selected children pass into central schools, where they follow courses of study which are not unlike the earlier stages of secondary-school courses, though they give rather more attention to manual and creative work, and some vocational subjects are usually included in the curriculum. The unselected children go on to senior schools (or, in backward areas, to senior classes in the school which they have been attending). Here they receive a general education, giving plenty of attention to physical development, manual skill, and varied forms of self-expression. At the age of 13 a further selection takes place, and several thousands of children of proved capacity are transferred to junior technical, commercial, art, and domestic science schools for two-year courses with a vocational orientation. Boys and girls going to secondary schools normally stay at school until they are 16 or 17, and many go on for another two years. Central-school boys and girls normally stay until they are 15, and the same is true of most boys and girls in junior technical, commercial, art, and domestic science schools. If war had not broken out in September 1939, 15 would have become the statutory limit of compulsory education for all save those who could satisfy the authorities that they had an offer of employment under conditions which complied with strict requirements safeguarding their health, general welfare, and opportunities for continued edu-

cation. The effect of this development, which is only temporarily suspended, will be to make it possible to provide four-year post-primary courses for all 'non-selected' boys and girls, most of whom now leave school at the end of the term in which their fourteenth birthday occurs.

The Educational Ladder

In Scotland all forms of post-primary education up to the age of 18 are provided free, except in a few schools, such as the Glasgow and Edinburgh Academies. In England and Wales, on the other hand, modest fees, considerably lower than the actual cost of the service, are charged in public secondary schools. Even so, these fees are scaled down in cases where parents cannot afford them, and in 1938–9 about 10 per cent. of the boys and girls attending public secondary schools in England and Wales paid reduced fees and nearly 47 per cent. paid no fees at all. Throughout Great Britain maintenance allowances, travelling expenses, and book grants are paid also, when necessary, to secondary schoolchildren coming from homes with limited resources. In 1935 no fewer than 233,819 pupils in secondary schools in England and Wales received allowances of some kind. There can be little doubt, however, that some gifted children from poor homes are not able to go to secondary schools, or to complete secondary-school courses, for financial reasons, in spite of these provisions, and many educational reformers press for more generous allowances in such cases. On the other hand, it should be pointed out that the quality of the other forms of post-primary education is steadily improving, and that there are many and varied opportunities for an inexpensive continued education in evening institutes and in technical schools and colleges which are eagerly seized every year by tens of thousands of boys and girls whose full-time education ceases at the statutory school-leaving age, as well as by those who leave school later on.

A small stream of boys and girls leaves the public secondary schools each year for the universities, university colleges, teachers' training colleges, and other higher educational institutions. This stream is joined by another which has its gathering ground outside the State system of education, in the paradoxically named 'Public Schools.' Scholarships and bursaries abound especially in Scotland, and in 1934–5 20,518 or 41.7 per cent. of all university students in Great

Britain were assisted in this way. Moreover, even those who pay full fees at universities pay very much less than the actual cost of their education, as the universities have a considerable income from endowments and public grants. Hundreds of ex-elementary schoolboys and schoolgirls from working-class homes now enter the universities and other higher educational institutions with financial assistance every year. In the universities of Wales and Scotland and in some English provincial universities, these students are now in a large majority. Nevertheless, it has to be acknowledged that the educational ladder from the elementary school to the university is still defective, particularly in its upper stages. Educational reformers look forward to a strengthening and broadening of the ladder in the years ahead. It is recognised, however, that there must always be a limit set by qualitative factors and the possibilities of post-graduate employment on the number of university entrants.

Special Educational Services

Education authorities in Great Britain are concerned, not only with formal instruction and classroom activities, but with the health of the school population in its broadest sense. Every local education authority has its school medical service, and most authorities provide free meals or milk for necessitous schoolchildren and a cheap milk scheme for all who care to take advantage of it. Some local education authorities also arrange vacation schools and evening play centres for children living in congested areas, and others organise camp-schools and holiday camps. The peculiar needs of defective children—blind, partially sighted, deaf, epileptic, crippled, and mentally defective—are generally provided for in special schools. Residential schools for delinquent children have been established by many local authorities as well as by voluntary bodies of various kinds, and there are a number of schools which have been set up by public assistance authorities for the education of children brought up under their care. Junior Instruction Centres—half schools, half clubs—have also been established in many parts of the country to provide a social base and some form of continued education for boys and girls who fall out of employment.

The Administration of Education

From the point of view of organisation and administration the public system of education in Great Britain differs in several important respects from the educational systems of many continental countries. In the first place, it has to be pointed out that there are two quite distinct, though not fundamentally dissimilar systems, not one system, of education in this island. Scotland has a longer tradition of public education than England or Wales and, having a separate legal system and a certain amount of administrative autonomy, it has been able to retain control of its own system, which is centrally administered, not by the Board of Education in Whitehall, but by the Scottish Education Department in Edinburgh. In the second place, the central control of education means much less in England and Wales and in Scotland than it does in many other countries.

Both the English and the Scottish systems are characterised by a considerable measure of decentralisation of responsibility and control. The central departments have considerable supervisory functions, and their control of Government grants gives them no little authority, but the local organisation and administration of education is left in the hands of popularly elected local authorities—town and county councils. As we have already noticed, local self-government has its disadvantages—it makes it possible for some areas to lag behind in the march of progress. On the other hand, it gives a chance for progressive authorities to forge ahead, and it permits a wide range of experiment and adaptation to local conditions. A third characteristic of the British arrangements is the prominent part played by voluntary agencies, particularly in the sphere of English elementary education. Rather more than a third of the boys and girls in England attend schools provided by religious bodies, such as the Church of England and the Roman Catholic Church, and although they are maintained for the most part at the expense and are subject to the control of local education authorities on most questions other than religious instruction, they enjoy a certain measure of independence for which there is not a little to be said in a totalitarian age. Finally, it may be fairly claimed that British teachers enjoy a remarkable degree of freedom from official control on questions relating to curricula, syllabuses of instruction, and methods of teaching. British teachers are neither employed nor paid by the State. They are the servants of

the local education authorities or of the governing bodies of the schools in which they work. Head teachers are free, within reasonable limits, to organise their schools according to their own conceptions, and teachers are not bound by any official instructions relating to syllabuses, text-books, or teaching, though they are, not unnaturally, influenced by these instructions and by the character of the examinations which their pupils may be called upon to sit.

The War and Education

The war has confronted the education authorities of Great Britain with some extraordinarily difficult problems. Many thousands of children have been transferred from areas considered vulnerable to air attack to safer areas all over the country. Hundreds of school buildings have been commandeered for war purposes, and the need to provide some protection against the effects of aerial bombardment has made it necessary for hundreds of others to be closed temporarily. The building of new schools to replace unsuitable old school premises has ceased for the time being, and the extension of the school-leaving age to 15 has had to be postponed. These difficulties and set-backs are disheartening, but evidence abounds that the authorities are beginning to get the better of many of their problems and that a great deal is being learnt from the present upheaval which will not be lost sight of when peace returns.

Some of the developments which are taking place in response to war-time needs have a more than temporary significance. An interesting by-product of the arrangements for evacuating schoolchildren from vulnerable districts to safer areas has been the provision of a considerable number [1] of 'evacuation camps' designed for use as schoolchildren's holiday camps when the war is over. The scheme for sending children to the British Dominions and the United States of America for greater safety during the war may be the basis of a permanent arrangement for giving large numbers of British boys and girls a 'finishing' course overseas.

The creation of a Youth Advisory Council to advise the President of the Board of Education and a host of local organisations for looking after the welfare of young people between the ages of 14 and 18 during the war has already opened up many lines of development which promise to be of permanent value.

[1] Thirty-six have already been completed.

Special Youth Committees have been set up by 146 local education authorities concerned with higher education. The purpose of these Committees is to establish new social and recreational centres for boys and girls between the ages of 14 and 18, and to encourage the work of existing voluntary organisations, such as the Boy Scouts, Girl Guides, and the National Associations of Boys and Girls Clubs, in order to avoid creating a uniform system.

Another striking development in this field has been the introduction of a system of compulsory registration for boys and girls between the ages of 16 and 18. All boys and girls in these age-groups are now interviewed and encouraged (but not compelled) to join either one of the existing youth organisations in the neighbourhood, or one of new war-time creations, such as the Air Training Corps, the Sea Cadets, the Army Cadets, or the Cadet Corps of the Home Guard, in which they receive a preliminary training for the Armed Forces which is by no means narrowly conceived.

Hundreds of thousands of boys are now in the various cadet training corps and the degree of enthusiasm which has been evinced for technical classes related to purposeful activities—such as the maintenance and repair of aircraft and ships, radio-communications, and the like—has been a revelation to many orthodox educationists.

Two other war-time educational developments are of great interest—the growth of group discussions in the Armed Forces and the Civil Defence Services, and work of the Council for the Encouragement of Music and the Arts (C.E.M.A.). Throughout the British Army, under the direction of the Army Education Service and the Army Bureau of Current Affairs (ABCA), group discussions of international, economic, and social questions of the day has become part of the normal military training time-table. Civil Defence personnel, sometimes on their own initiative, sometimes guided by the Workers' Educational Associations, are also conducting group discussions on an encouraging scale. C.E.M.A., which was launched as a joint activity of the Board of Education and the Pilgrim Trust has been responsible for the provisions, in small towns and villages throughout the country, of first-class concerts, plays, and art exhibitions. It has met with an enthusiastic response wherever it has penetrated. Its activities have been greatly expanded and the Board of Education has now become directly responsible for its administration and finance.

Reconstruction in Education

Towards the end of the Great War of 1914–18 and in the years immediately following the Armistice, a short but intensive period of reforming activity opened up a new era in British education. During the third year of the present war there has been a remarkable development of thought and discussion on future educational policy which has found expressions in a spate of books and reports by private individuals and influential groups. Two official investigations have been set on foot by the Board of Education—one on the training of teachers, the other on the future of the 'Public Schools.' Meanwhile the Board itself and many progressive local education authorities are engaged on making plans for post-war educational developments. No official pronouncement has yet been made but a survey of current opinion indicates a remarkable measure of agreement that the age of compulsory school attendance should be raised to 15 immediately after the war (and to 16 as soon as possible thereafter) with a new form of continued education, taking up at least one whole day a week, between the ages of 15 (or 16) and 18.

THE HEALTH OF THE CITIZEN

The health of a great industrial population depends upon many factors—among them healthy homes and workplaces, a good water supply, efficient sanitation, clean streets, uncontaminated food, and opportunities for physical exercise and recreation. These are all matters which are of special concern to local authorities in Great Britain, and a number of highly efficient services have been built up to deal with them. It is with housing schemes, water supply undertakings, drainage and sewage services, street cleansing and refuse disposal, the inspection of workplaces, the examination of food offered for sale, and the provision of open spaces and playing fields, swimming baths and washhouses, that elected representatives of the people and public officials are characteristically preoccupied in every important local government area. In addition to these basic environmental services, local authorities throughout the country provide certain personal health services which fall within the scope of this pamphlet. These services include (1) maternity and child welfare services, (2) the school medical service, (3) measures for the prevention and treatment of tuberculosis, (4) measures for the prevention and treatment of venereal disease, (5) measures for the treatment of cancer, and (6) public hospital services of various kinds. National health insurance, another major personal health service, is not a local responsibility. It is financed, as we have seen, by employers' and workers' contributions and Government grants, and it is administered centrally. But the Poor Law medical service is a responsibility of the local public assistance authorities.

(1) *Maternity and Child Welfare*

For some years before the last war a number of voluntary organisations and some progressive local authorities had been conducting 'Schools for Mothers' and 'Infant Consultations.' A few local authorities had even appointed health visitors to give advice to the mothers of young babies. Since 1918 this work has been a public service under all the major local authorities. Sometimes the local authorities administer the service directly, but in many cases grants are made to voluntary associations, who administer certain branches of it on their behalf. The quality of the service varies considerably in different parts of the country, but it normally includes: (i) ante-natal and post-natal centres where the expectant and nursing mother can get examination, advice, and suitable foods; (ii) a public midwifery

service, which enables every mother in town or country to have a properly trained midwife if she is confined at home; (iii) public and private maternity wards for mothers who have their babies in hospital; (iv) health visitors to advise mothers in their homes about family health problems; and (v) welfare centres where young infants are weighed, examined, and treated for minor troubles, and where milk and other foods are supplied. In addition to these services most maternity and child-welfare schemes include hospital treatment for young children's diseases. Many local authorities provide convalescent homes for nursing mothers and children under 5. Some authorities provide day nurseries [1] for young children while their mothers are out at work; toddlers' playgrounds and kindergartens; and home nurses for maternity cases and for sick children needing special care. The exigencies of war have led to an extension of these services and have resulted in much greater use being made of the facilities provided. Thus these services now play an even more vital part in the social life of Great Britain than they did before the war. Their contribution to the health and well-being of mothers and young children can hardly be overestimated. They have helped to reduce the maternal death-rate in England and Wales by a third and the infant death-rate by two-thirds since the beginning of the present century. The death-rate of young children between 1 and 5 years of age has fallen even more steeply than the infant death-rate, and there has been a marked reduction in the incidence of most children's diseases.[2]

(2) *The School Medical Service*

The school medical service was established on a nation-wide basis in 1907, and great developments have taken place during its thirty-two years of operation. Hundreds of school clinics have been established, and a large army of school doctors, dentists, and nurses—most of them full-time public servants—are now engaged in the important task of improving the health and fitness of the schoolchildren of Great

[1] The reduction of the maternal mortality rate has been maintained during the war: the mortality rates recorded have been 2.8, 2.6 and 2.8 per 1000 births for the years 1939, '40 and '41 respectively. The infant mortality rate for these years has been 50, 56 and 59 per thousand births.

[2] There are at present (Nov. 1942) about 1000 day nurseries, in addition to the many new play-centres and nursery classes.

Britain. All elementary schoolchildren in this country now undergo a routine medical inspection at least three times during their school lives—at the beginning, about the middle, and towards the end. In London and some other areas they are examined four times by a doctor and more frequently by a school nurse. In addition to these *routine* examinations, there are special examinations of defective children and of children referred to school medical officers by parents, nurses, or teachers on account of observed defects or suspected ailments. Children in full-time attendance at secondary schools and other educational institutions are also examined periodically. Medical *treatment* is provided almost universally for minor ailments, dental defects, and bad sight, adenoids, and chronic tonsillitis. Most local education authorities make some provision for orthopædic treatment and for the treatment of injuries by X-ray therapy, and many of them have made arrangements with local hospitals for the treatment of other defects. No charge is made for the *examination* of schoolchildren and, although a nominal charge is made for *treatment,* this is remitted, either wholly or in part, in the case of children coming from poor homes. In London and some other areas voluntary care committees are associated with the school medical service. The public-spirited citizens who serve on these committees follow up medical inspection and treatment by visits to the homes of the children. They also make arrangements for school meals, for the distribution of school milk and for the assessment of payments for this service.

The school medical service has effected a revolution in the health and cleanliness of British schoolchildren during the last half century. There has been a striking decline in children's diseases and minor ailments. The height and weight of schoolchildren has increased at every year of age. And there has been a remarkable improvement in personal hygiene and cleanliness. Gratification at these results must, however, be qualified by the acknowledgment that much remains to be done before every boy and girl in Great Britain can be given a clean bill of health and hygiene. Recent experiences in connection with the evacuation of some groups of children from congested areas prove that, in a small proportion of cases, the suspension of the school medical service during the summer holidays results in a marked falling away in habits of cleanliness and in the attention paid to minor ailments. It is also generally recognised that greater attention must be paid in future to the care of schoolchildren's teeth.

(3) *The Tuberculosis Service*

At the beginning of the present century tuberculosis was the principal cause of death in Great Britain. Since then it has lost what the Chief Medical Officer of the Ministry of Health described as its 'disgraceful pride of place.' Deaths from tuberculosis fell by a half, and the tuberculosis mortality rate, which was 1904 per million persons in 1900, was only 602 per million in 1938. This improvement has been due partly to the general social advances of the last forty years—higher real wages, better nutrition, improved housing conditions, and so on—and partly to the creation of an efficient tuberculosis service. Before 1911 some progressive local authorities and a number of voluntary organisations had established tuberculosis dispensaries and sanatoria. But it was not until that year that the first grant was made from central government funds in aid of such institutions. Since 1912 a comprehensive tuberculosis service has come into existence in practically every part of Great Britain.

The scope and quality of the arrangements made by local authorities vary considerably. Generally speaking, however, these arrangements include tuberculosis dispensaries, of which there are now more than 500, for the examination and observation of suspected cases; sanatoria, for the prolonged treatment of cases for which there is hope of recovery, hospitals for the observation of doubtful cases, the treatment of acute cases, and the isolation of dangerously infectious cases; and open-air schools for tuberculosis children. These institutions are staffed by doctors, nurses, and teachers, and are administered by local tuberculosis officers who work in close contact with the local medical profession. At Papworth Village Settlement and Preston Hall there are special facilities for training patients and providing them with suitable employment after treatment. After-care work is also undertaken, sometimes with voluntary help, in many parts of the country. These arrangements are admirable. But the fact that tuberculosis still kills more people between the ages of 10 and 40 than any other disease shows that there is no excuse for resting content with the results which have been achieved so far.

Since the outbreak of war the tuberculosis death rate has increased by 13 per cent. (1941)—a direct reflection of war-time strain, food and housing difficulties, and the shortage of civilian doctors and nurses. Following the recent publication of a report by an expert committee on Tuberculosis in War-time, the Ministry of Health and the local

health authorities are now engaged in a campaign to arrest and reverse a trend of development which was nationally causing some anxiety. In October 1942 a new scheme was started which, it is hoped, will develop into a normal part of the ordinary medical examination, whereby special miniature X-ray machines are used to make examinations of susceptible age-groups on a large scale.

(4) *The Prevention and Treatment of Venereal Disease*

The danger to the health of the nation from venereal disease did not receive the attention it called for until the Report of a Royal Commission, published during the last war, drew attention to it and proposed a number of preventive and remedial measures. Since that time local authorities have been responsible for making arrangements for free and secret consultation and treatment, usually in a separate part of a general hospital. The co-operation is also sought of medical practitioners, who are supplied with drugs and given free facilities for the examination of laboratory specimens. Propaganda relating to venereal infection is conducted by many local authorities, sometimes in association with voluntary organisations. A marked reduction in the recorded incidence of venereal disease has taken place since the last war, but the failure of many patients to continue their treatment until they are completely cured has hindered progress. The notification and treatment of venereal disease is not compulsory in Great Britain, but there is a considerable body of opinion in favour of compulsory measures. Since the outbreak of the present war the incidence of venereal disease has increased but not on a scale comparable to that which was experienced a generation ago. Public discussion of these diseases is now much franker, affected persons come forward more readily, and treatment is more effective. Provision has also been made for the compulsory treatment under certain circumstances of persons known to be infecting others.

(5) *The Treatment of Cancer*

Cancer has succeeded tuberculosis as the principal lethal disease of the age. In 1938 it accounted for one in seven of all the deaths which occurred in England and Wales. As it is primarily a disease of middle and later life, the number of persons affected by it has increased as the middle and later age groups in the population have grown larger, and improved diagnosis has had the effect of increasing the number of

recorded deaths. The cause of cancer has not yet been discovered. For this reason it is not possible to attack it at its source by preventive methods, except in the case of a few industrial processes involving exposure to mineral oil, tar, soot, and some other substances. A great deal, however, is being done by improved methods of diagnosis and treatment to relieve suffering and, in some cases, to effect a cure. Operative treatment is now giving way to radium and X-ray therapy, and distinctly hopeful results are being obtained.

Owing to the high cost the use of radium in cancer cases has, until recently, presented serious difficulties to many hospital authorities. These were partly met by the creation of a National Radium Trust to purchase radium and a National Radium Commission, an unpaid body of experts, to distribute it when required, to thirteen national centres and a number of secondary regional centres. In 1939 the Government dealt with the problem radically by placing on all the more important local authorities an obligation to consult with the Radium Commission, the voluntary hospitals, and the local medical profession in the preparation of schemes ensuring that facilities for the treatment of cancer are adequate for the needs of their area. Additional financial assistance from central funds was provided to enable local authorities to take part in the organisation of an adequate cancer service. Meanwhile research into the causation of cancer has continued intensively in an ever-widening field.

(6) *The Hospital Services*

The most striking feature of British hospital arrangements is that there are two separate hospital systems—one of them maintained by voluntary organisations, the other maintained by public authorities —existing side by side. The voluntary hospitals have a long and splendid history of service to the sick poor and to the advancement of medicine and surgery. Some of them were founded in mediæval times. Others came into existence through the benevolence of eighteenth-century merchant princes. Many more were established by charitable endowment to serve the needs of the new towns and cities of the modern industrial era. Over a thousand voluntary hospitals are to be found in Great Britain to-day, and they had between them, before the war-time expansion of hospital accommodation, about 85,000 beds. They have an annual income of about £17 millions and in 1938 they treated nearly a million and a half

in-patients and about six million out-patients. Something like a million operations are performed in them every year. Most of these hospitals are general hospitals providing treatment for every kind of case, but there are many special hospitals dealing with particular diseases, such as tuberculosis or cancer, or with particular types of patients, such as women or sick children. They vary in size from large hospitals with a thousand beds, or more in some great cities, to small cottage hospitals in country districts. In London and other university cities, voluntary hospitals are the centres of medical training and the combination of honorary professional service and medical teaching by leading physicians and surgeons is a characteristic feature of the British voluntary hospital system.

The public hospitals of Great Britain are of comparatively recent origin. Most of them began during the last quarter of the nineteenth century, either as Poor Law institutions or infectious diseases hospitals. Some remain under public assistance authorities. Others have become public general hospitals. Taken together they greatly outnumber the voluntary hospitals, and they provide nearly three-quarters of the available hospital beds, including most of those for infectious diseases, tuberculosis, and maternity cases. The great majority of cases of chronic sickness are dealt with in public hospitals. On the other hand, they undertake far less out-patient and casualty work than the voluntary hospitals. Until 1929 most of the public hospitals suffered from their association with the Poor Law, and in many parts of the United Kingdom they are still regarded as being inferior in status, staffing, and equipment to the long-established voluntary institutions. Since 1929, however, great developments have taken place. The Poor Law association has disappeared in many areas, and there has been a notable improvement in the quality of the services rendered by the public hospitals. In several large towns and cities the public general hospital has won a place in the esteem of the people equal to, if not greater than, that enjoyed by the local voluntary hospital.

The improvement in the quality and status of the public hospital has raised the problem of hospital co-ordination in an acute form. The absurdity of having two types of hospitals, unrelated to each other, in the same neighbourhood is now generally recognised, and in many areas steps have been taken to establish some measure of co-operation between them. Arrangements are made in some areas for particular services, such as the treatment of venereal diseases, dental and ophthalmic cases, and cancer, to be dealt with in voluntary hospitals (to which

public grants are made in return), whilst other cases are transferred from voluntary to public hospitals. In other areas even closer co-operation has been provided for by the creation of Joint Hospitals Boards, as, for example, in the Oxford district, where the Board includes representatives of the various hospitals concerned, of the local authorities, of the hospital contributory schemes, of the University, and of the local branches of the British Medical Association, which is the professional organisation of the medical profession. War-time necessity, also, has brought together public and voluntary hospitals, even in areas where there has hitherto been little co-operation. A blood-transfusion service has been jointly organised. Forty thousand new hospital beds have been provided at the public expense. And a recent charitable gift of £1 million for the purpose of facilitating hospital co-operation is likely to lead to some interesting developments in the near future.

War-time Developments

The need for an efficient system to cope with the results of air attack has led to far-reaching developments in the hospital services. In 1939 an Emergency Hospital Scheme was introduced, which now covers over 80 per cent. of the hospitals, voluntary and municipal, in England and Wales.[1] The Ministry of Health, which was responsible for the new service, divided the country into regions, and with a Hospital officer at the head. Within each region hospitals included in the scheme are affiliated to each other in groups. Those in congested areas function mainly as casualty-receiving and clearing hospitals and are affiliated to others in suburban and rural areas which have been specially developed or 'upgraded' into first-class surgical hospitals, out of public assistance institutions, mental hospitals, and other buildings. In each group staffing and the inter-hospital movement of patients are the responsibility of a Group officer, with a Matron to assist him in the distribution of nursing personnel.

As a result of this organised grouping and expansion of hospital accommodation (augmented by the erection of a larger number of hutted hospitals) the nation's hospital resources have been greatly enlarged and improved. The hospital services have been co-ordinated under an Emergency Hospital Scheme, with new Special Treatment

[1] There is a similar scheme in Scotland.

Centres, a consultant service, and facilities for rehabilitation. The Maternity Services have been greatly expanded. Many new nursery schools have been opened. New methods of attack on disease (such as immunisation) have been widely used. Medical research and health education have been co-ordinated and extended. So far as new hospital accommodation is concerned care has been taken to choose sites which will be convenient for post-war use. Indeed the whole scheme has been built up in such a way as to provide permanent additions to pre-war facilities so far as this is consistent with the primary object of meeting war needs.

An interesting feature of war-time hospital development in Britain has been the growing specialisation of hospitals. Patients no longer go to the nearest hospital which is available, but to the hospital which is best suited to their needs. A scheme has also been introduced whereby a large number of special training centres have been set up throughout the country, to which patients are now transferred if they require special medical or surgical treatment, or special facilities for rehabilitation. The fund of specialist treatment now available at these centres includes orthopædic and fracture surgery; maxillo-facial, thoracic and neuro-surgery; the treatment of burns; and skin diseases. Since 1941 specialist treatment available for rehabilitation cases has been extended to all fracture cases in industry and has been linked up with arrangements for the resettlement of labour. It is generally acknowledged that these new developments leading to the specialisation of hospitals and to close co-operation between voluntary and public hospitals in the same area as part of a unified system, are likely to form the basis of a post-war scheme. Official committees are now at work on plans for the future of the hospital services. These services would, of course, form an integral part of any National Medical Service such as that which Sir William Beveridge has taken as one of his basic assumptions.

(7) *National Health Insurance*

The purpose of the national health insurance scheme is to provide a general medical practitioner service for the working population, and to provide financial help during periods of incapacity. Workers and employers contribute weekly premiums to central funds, which are subsidised by the State, and out of which several kinds of benefit are

paid in cases of illness or disability. *Medical Benefit* consists of free medical attendance and treatment, including the provision of medicines. *Sickness Benefit* takes the form of periodical payments during incapacity for work. *Disablement Benefit* is a continuance of sickness benefit payments at a lower rate for prolonged incapacity. *Maternity Benefit* takes the form of single payment made on the confinement of the wife of an insured man, or of a woman who is herself insured. Large numbers of insured workers, who are members of certain friendly societies and other bodies recognised as 'approved societies' under the national health insurance scheme, receive additional benefits of various kinds, such as extra cash allowances or free dental or ophthalmic treatment.

Membership of the national health insurance scheme is compulsory for all persons between the ages of 14 and 65 who are employed under a contract of service, except non-manual workers earning more than £250 a year. Nearly twenty million workers are now covered and several million workers take advantage of national health insurance benefits every year. The scheme, which was bitterly opposed when it was first introduced, is now remarkably popular and proposals for its improvement most frequently take the form of recommending that the wives and dependent children of insured workers should become eligible for medical benefit, and that certain additional benefits now enjoyed only by members of prosperous 'approved societies' should be made available for all insured persons. These proposals, which are sponsored by the British Medical Association and other influential bodies, were under active discussion before the outbreak of war.

It should be extended in various directions. Sir William Beveridge in his recent Report makes a number of far-reaching recommendations. Basing his proposals on the assumption that a National Medical Service, to be financed directly out of general taxation, will be established after the war, he is able to dispense with treatment benefit and concentrate on ensuring that interruptions in wage-earning due to sickness or disablement are not attended by a serious reduction in economic standards. Thus he recommends that cash benefit—whether in the form of sick benefit or disablement benefit—should be brought up to the same standard as unemployment benefit, with the same treatment of dependent wives and children. He also proposes that cases now covered by the Workmen's Compensation scheme shall, for the first 13 weeks, be treated on the same terms as

ordinary sickness benefit cases. In the interests of simplicity and efficiency Sir William Beveridge recommends that the administration of cash benefits should be taken out of the hands of the 'approved societies' and made a direct responsibility of a Ministry of Social Security, which would also administer a system of industrial pensions to cover cases of long-term disability now dealt with under the Workmen's Compensation scheme.

(8) *Poor Law Medical Service*

Poor people who are outside the scope of the national health insurance scheme can obtain free medical treatment, either in their own homes or in institutions, through the Poor Law Medical Service. The Poor Law doctors, who are called district medical officers, are often full-time paid officials, but many private practitioners undertake this work on a part-time basis. In recent years much has been done to raise the standards of the Poor Law Medical Service and to remove the stigma of pauperism which formerly attached to it. If, however, the National Medical Service, proposed in the Beveridge Report, is established after the war, the need for a Poor Law Medical Service as such will cease to exist, and the medical officers who are now giving such devoted service to the poorest classes in the community will become absorbed in the national scheme.

THE TREATMENT OF PHYSICAL AND MENTAL DEFECTS

In addition to providing health services for ordinary people, Great Britain, like every other country, has to make provision for the unfortunate minority who suffer from some form of physical or mental defect. For centuries the welfare of the blind, the deaf, the crippled, the mentally defective, and the insane has been a preoccupation of numerous charitable agencies and of the Poor Law. During the last twenty-five years the part played by the State in providing treatment and welfare facilities for these people has become much more important, although voluntary organisations continue to do extremely valuable work in close co-operation with the State and the local authorities.

Strong voluntary bodies acting on behalf of local authorities undertake much of the care of the blind, many thousands of whom have been trained and placed in suitable employment. Blind people receive old-age pensions at 40 instead of 70, and they are entitled to obtain assistance in their own homes in cases of need without making application to the Poor Law authorities. Preventive work is reducing the incidence of blindness among young children, but no effort is spared to give the best training possible under the most pleasant conditions to children who are either born blind or who lose their sight when young. The training and welfare of blind children is a responsibility of the local education authorities, who are also responsible for the training and welfare of deaf and crippled children. Many local authorities combine to make provision for cripples over a wide area, in co-operation with the voluntary agencies concerned, in order to make the best use of specialised knowledge and equipment.

The general supervision of the mental health services in England and Wales is carried out by a body known as the Board of Control, which approves and licenses all mental institutions and maintains a staff of commissioners to inspect and report on conditions in them. A similar body exists in Scotland. Most mental institutions in Great Britain are maintained out of public funds, though there are a number of private institutions and institutions partly financed by voluntary subscriptions. Public provision for mental deficiency is a comparatively recent development, but the great majority of mental defectives are now living either in institutions or under the care of voluntary bodies or local authorities.

Much is now being done in these ways to enable physically and mentally defective people to make a satisfactory adjustment to society

and to give many of them an opportunity of undertaking some form of productive work. Even more important are the measures which are being taken to prevent defects, such as blindness, deafness, and mental derangement, and to cure, or at any rate to relieve them, when they cannot be prevented. Experimental work is going on in many hospitals and other institutions throughout Great Britain, and the results which have already been achieved promise well for the future.

THE NUTRITION SERVICES

It has been recognised for some time in Great Britain that the health and general well-being of the young citizens primarily depend upon proper nutrition. So long ago as 1906 the first step in the development of a national nutrition policy was taken with the passage of an Education (Provision of School Meals) Act which made it possible for local education authorities to provide cheap meals for necessitous schoolchildren. In 1918, the Maternity and Child Welfare Act gave local authorities power to provide extra nourishment for expectant and nursing mothers and children under the age of 5. In April 1930 the powers of local authorities to make these forms of provision were extended. Meanwhile public assistance authorised (and, later, the Unemployment Assistance Board) began to pay particular attention to the need for extra nourishment in special cases when dealing with applications for relief.

The importance of nutritional research was acknowledged by the Ministry of Health in 1931 when a small committee composed mainly of physiologists was appointed to advise the Ministry on 'the practical application of modern advances in the knowledge of nutrition.' In 1935 this Committee was enlarged and reconstituted as the Advisory Committee on Nutrition 'to enquire into the facts, quantitative and qualitative, in relation to the diet of the people and to report as to any changes therein which appear desirable in the light of modern advances in the knowledge of nutrition.' A comprehensive survey of the food supplies, diets and other problems of nutrition was undertaken, and the results of this survey, together with the work of unofficial bodies such as the food expenditure committee of the British Medical Association, has laid the foundations of a modern scientific nutrition policy for the nation.

The special needs of those sections of the population which were most seriously affected by the great economic depression of 1931–4 led to an increased use of existing powers to provide additional food for expectant and nursing mothers, infants and schoolchildren, through the agency of maternity and child welfare centres and the schools. In October 1934 a special 'Milk in Schools' scheme was introduced which made it possible for schoolchildren to obtain a glass of milk a day at half the normal cost. In 1938 over 250,000 meals were being served daily in elementary and secondary schools in England and Wales, 110,000 of them without charge. Nearly 3 million children were receiving milk in school.

The War and Nutrition

Britain's dependence upon imported food made it necessary for her to take special measures as soon as war was declared to ensure that the population was supplied with sufficient food of the kind needed to maintain health and efficiency. In accordance with plans based on the experience of the last war a Ministry of Food was immediately set up, with the task of establishing effective control of all essential foods from the source to the consumer. The Ministry of Food became the sole purchasers of over 90 per cent. of the country's food imports and it buys and controls the sales and prices of practically everything the British farm produces. Basing its policy on the advice of its own Scientific Food Committee, which maintains close and constant touch with the various nutritional research institutes, the Ministry has paid particular attention to the provision of food of the right dietetic standard [1] and to the education of the housewife in the nutritional aspects of cooking. By means of an extensive rationing scheme it has made reasonably certain that essential foods are fairly distributed (priority being given to expectant and nursing mothers and to children). With the help of subsidies and price fixing orders it has been able to peg the price of essential foods at a level only slightly above that ruling before the war, and to prevent any excessive rise in the price of other non-luxury foods. Out of every 10*s.* spent by an average family in 1942, something like 7*s.* 6*d.* went to goods which are price-controlled, and about one-third of the family purchases of food were assisted by Government subsidy.

[1] The Ministry's policy has been to supply vitamins in the form of natural foods rather than to encourage people to supplement their diet with tablets and capsules. Vitamins have been added to foods mainly to bring them up to the standard of other foods for which they were being substituted. Thus margarine has been fortified by adding 550 units of vitamin A and 30 units of vitamin B. The vitamin D content of margarine has been raised to 60. In order to ensure a proper intake of vitamin C the Ministry has encouraged the consumption of green vegetables, while for infants the distribution of fruit juices has met the need. Since March 1942 millers have been allowed to produce only National Wheatmeal Flour, or flour with a minimum extraction of 85 per cent., thus ensuring a more satisfactory vitamin B_1 content than ordinary white flour.

Priority Classes

In order to make sure that expectant and nursing mothers, young infants, and children of school age obtain sufficient food of the right kind special arrangements have been made for these citizens. A *National Milk Scheme* was adopted on July 1st, 1940 under which one pint of liquid milk is supplied daily to each child under 5 and each expectant or nursing mother. The milk is supplied free if the income of the parents falls below a certain figure, otherwise it is supplied at a reduced charge. By June 1942, 86 per cent. of the eligible children were receiving milk under this scheme. The total number of mothers and children using the scheme was then over 3 millions, and 21 per cent. of them received the milk free. In addition, over 3,250,000 children were receiving milk at greatly reduced prices under the Milk in Schools scheme during the summer of 1942, and 700,000 children were taking mid-day meals at school, either free or at a small charge. Children have also been given priority in the normal distribution of oranges, and receive free allowances of cod-liver oil compound and fruit juices.

Communal Feeding

Another development of great interest is the spread of communal feeding. Meals for large numbers of people can be prepared and served at a lower cost per head in terms of food, fuel and labour when they are provided communally than when they are provided in private homes. Thus the extension of communal feeding has led to a more efficient use of shipping, resources and labour and has made it possible for a great many married women to take up industrial employment. Communal feeding establishments take the form of works canteens, pit-head canteens, school feeding centres for evacuees in reception areas, and a new type of public institution—the British Restaurant—of which there were over 1900 providing cheap, well-cooked two-course meals in December 1942. In addition there are special arrangements for supplying hot meals in emergency conditions. The Ministry of Food maintains a staff of experts to advise works canteen and British Restaurant managers on different ways of using abundant, cheap and nutritious foods, e.g., potatoes and carrots, in order to increase consumption yet avoiding monotonous menus.

Special courses have been arranged in order to maintain a supply of trained canteen and restaurant cooks.

After the War

The development of these nutritious services is one of the most remarkable features of Britain's war-time social organisation and, even when the stimulus of war-time necessity is withdrawn, it is unlikely that they will be discontinued. It is not without significance that Lord Woolton, the Minister of Food, has spoken of the permanent value of much which is being done to-day and that he has paid tribute to the importance of a scientific nutrition policy as a contribution to a lasting improvement in the health of the people.

HOUSING

When the development of modern industry in Great Britain attracted hundreds of thousands of countrymen to the towns during the first half of the nineteenth century, the pressure of a rapidly expanding urban population upon limited housing accommodation and primitive sanitary arrangements soon produced an intolerable situation. Old mansions were evacuated by the rich and split up into tenements for the poor. Gardens and open spaces were built over with shoddy constructions erected with little or no regard for either sanitation or ventilation. And vast new housing schemes were developed by speculative builders bent on squeezing the maximum number of dwellings on to every acre of land at their disposal. The evils which resulted from these developments were too monstrous to be ignored even by those who were not directly concerned, and the fear of cholera and typhus was not confined to any one social class. Half a dozen energetic reformers pointed the way to scientific sanitary administration, and by the end of the third quarter of the nineteenth century the worst evils were already under control if not yet wholly abolished. A clean and plentiful water supply, adequate urban drainage, street cleansing, and the speedy and effective disposal of sanitary refuse were recognised to be the concern of every self-respecting town council in Great Britain long before the end of the century. Meanwhile roads were widened, parks and open spaces began to be provided, and a beginning was made in raising the standard of housing accommodation, first of all by voluntary humanitarian effort and later by the action of some progressive local authorities. Societies, such as the pioneer 'Metropolitan Association for Improving the Dwellings of the Industrious Classes' (organised in 1842) and other charitable bodies, devoted themselves to the improvement of existing buildings and the provision of cheap alternative accommodation. Enlightened employers provided model cottages for their workers and local authorities succeeded in raising the standard of new houses by means of building by-laws. So long ago as 1868 an Act of Parliament was passed which enabled local authorities to compel the owners of houses 'unfit for human habitation' to make them fit (or, failing this, to have them demolished), and in 1875 another Act made it possible for insanitary areas to be cleared and the inhabitants re-housed. These early measures were strengthened by subsequent legislation, but progress was very slow until the aggravated housing situation in the years immediately following the war of 1914–18 led to a new era in the housing of the people.

During the two decades of peace which followed the last war over four and a half million new houses were built in Great Britain, and these new houses account for over a third of all the houses which exist in this country to-day. About two and a half million of these new houses have been built without any help from public funds, but financial subsidies have been given in respect of over a million and a half of them. Private building firms have been given financial assistance to build about half a million houses and the local authorities have built over a million houses themselves. At the same time over a quarter of a million slum houses have been cleared, and the standard of house building has been maintained at a much higher level than was considered practicable before the last war. Most of the new houses are on garden estates on the outskirts of the existing towns and cities, and although large blocks of flats have been built in some areas, the characteristic '1919–39' wage-earner's house in Great Britain is a cottage (grouped with others at a density of not more than twelve houses to the acre) with its own garden, providing a large living-room, two, three, or more bedrooms, a kitchen, with a cooking-range and hot and cold water laid on, and a bathroom. Rents vary enormously, but the subsidy from public funds usually makes several shillings difference to the amount paid by the occupier every week. In most places the subsidy is used to reduce the rents of houses built by local authorities in standardised form. Elsewhere special schemes of rent rebates have been introduced whereby the subsidy is used to reduce rents in some relation to the family circumstances of the occupier. Thus instead of all rents of houses of the same size being reduced by the same amount, different rents may be paid by tenants with one, two, three, or more children.

The remarkable achievements of 1919–39 went a long way towards removing the evils of overcrowding and bad housing conditions from English life, but when the outbreak of the present war interrupted the housing programmes of the local authorities, a great deal remained to be done to remove the unlovely legacy of a past industrial age. The war naturally caused an immediate reduction in house-building. In September 1939 local authorities were asked to postpone slum clearance for the time being and to suspend new building programmes, except where new houses were needed in expanding centres of war industry or in agricultural districts. Since the summer of 1940 the building industry has been engaged principally on defence works, military buildings, factory erections and extensions, the repair

of air-raid damage, and the provision of housing accommodation for war workers in seriously overcrowded areas. In some places where large new factories have been established in small communities or in isolated districts it has been necessary to establish mushroom townships, complete with social amenities, to provide for the workers and their families. Elsewhere admirably designed and equipped workers' hostels have been established, some of which are being managed by a non-profit making National Hostels Corporation.

Post-War Prospects

The destruction caused by the heavy bombing of London and other great cities has stimulated nation-wide interest in the prospects of reconstruction. It has provided an opportunity for creative town-planning unequalled since the aftermath of the Great Fire. The possibilities inherent in this situation were recognised so long ago as September 1940 when a new Ministry of Works and Buildings (later Works and Planning) was charged (*inter alia*) with the task of preparing plans for rebuilding our cities. The Ministry maintains a compulsory register of builders and has control on all building operations. It has initiated important research into building techniques and standardisation. Its Planning Department conducts research, makes maps of land use, and encourages local authorities in heavily bombed areas to prepare post-war plans. In view of the growing importance of these planning functions and of the formidable executive task ahead the Planning Department is now (January 1943) to be detached from the present Ministry and expanded into a separate Ministry of Town and Country Planning with much wider powers.

The post-war demand for houses will, of course, be enormous. Arrears of slum clearance and 'de-crowding' remain to be wiped off. War-time leeway in new building must be taken up. And the destruction caused by air bombardment has to be made good. The Ministry of Health, with its Central Housing Advisory Committee, together with the Ministry of Agriculture, have for some time been studying the post-war demand for housing; and in August 1942 the Minister of Health announced a provisional post-war target of 4 million houses to be built in ten or twenty years.

Between the two wars the strong points of British housing policy have been concentration in the high quality of the individual dwelling and insistence on a low diversity of houses per acre on new sites.

ve: EDITH CADBURY NURSERY SCHOOL, BIRMINGHAM
Children enjoy their games and develop colour sense and manual skill in this bright room.

w: THE CHILDREN'S HOSPITAL, BIRMINGHAM *The 'Topical' Press Agency*
The new treatment for correction of a squint. The children enjoy their exercises, and learn how to use both eyes together.

Above: RANGEFIELD ROAD, DOWNHAM ESTATE *By courtesy of the London County Coun*
This cottage estate covers more than 600 acres, and over 7,000 houses and flats have been built on it.

Below: EASTMAIN HOUSE, OAKLANDS ESTATE *By courtesy of the London County Coun*
An estate of over 3 acres. There are 185 flats and maisonettes built round pleasant green spaces.

These strong points have been offset to some extent, however, by unsatisfactory siting and by inadequate recognitions of the communal needs of the people. Shopping centres, churches, schools, public halls, and playing fields have been provided of most large housing estates and, in many cases, community centres have been established to serve as a focus of social and cultural activity. But the opinion is gaining ground that in planning housing developments for the years following the present war much greater attentions must be given to good site planning, communal needs, social amenities, and the elimination of tiring and expensive journeys between homes and work places, and between homes and places of recreation.

Public discussion of these issues has been greatly stimulated by the publication of those important Government Reports during the last three years.

The Report of the Royal Commission on the Distribution of the Industrial Population (the 'Barlow' Report), published in February 1940, envisages a radical reconstruction of our urban environment, the decentralisation of swollen towns and cities, and the control of industrial location. The Report of the Committee on Land Utilisation in Rural Areas (the 'Scott' Report), published in July 1942, calls for central planning and control of rural development, and makes a number of recommendations on a great variety of subjects from the need for better rural housing to the case for National Parks. A third important Report, that of the 'Uthwatt' Committee on Compensation and Betterment, was published in September 1942. The 'Uthwatt' Report recommends that public authorities should have much wider powers of land purchase for planning purposes. It puts forward a bold and imaginative scheme for the public acquisition of the 'development rights' in undeveloped land. And it proposes a periodical levy on the site value of developed land in private hands which will recoup to the community at least some part of any increase in property values due to planning developments.

THE UNEMPLOYMENT SERVICES

Unemployment is by no means a new problem. Ever since the breakdown of the feudal system and the growth of a free market for labour, the demand for workers and the supply of men able and willing to undertake the work which is offered have often failed to coincide. Much of the pamphlet literature of the sixteenth century was directed against sturdy beggars and roving vagabonds, and the Elizabethan Poor Law made specific provisions for putting able-bodied men who were out of work to useful labour. As the scale and complexity of industrial organisation increased in the later eighteenth and early nineteenth centuries, the possibilities of friction and maladjustment in labour demand and supply also increased, and the phenomenon of unemployment became more marked. With the growing importance of capital and credit in business operations, a higher rate of economic progress was made possible, but a new element of instability was introduced into the system. A succession of booms and slumps began to diversify the secular trend of economic development, and every nine or ten years during the last century and a half thousands of men have been temporarily thrown out of employment for no reason that they could even dimly perceive.

As a major industrial country Great Britain has not suffered less than her fair share of unemployment, though the completeness of the official monthly analysis of the unemployment records in this country has had the effect of exaggerating the British unemployment situation in recent years relatively to that in other countries during the same period. On the eve of the war about a million and a quarter people were officially recorded as being unemployed, out of an insured population of about fifteen millions. But these unemployed people did not constitute a stagnant pool of idle labour. The great majority were unemployed only for very short spells—a few weeks at most—and it was possible for them to tide over these short periods of wagelessness, with the help of unemployment insurance benefit, without any serious disturbance to their normal mode of life. On the other hand, there were several hundred thousand workers who had been unemployed for long periods, many of whom had been engaged most of their working lives in industries, such as the coal and textile industries, which had more or less permanently contracted. It was these workers—living, for the most part, in a few heavily depressed areas in South Wales, the north-east of England, the west of Cumberland, and Central Scotland—who constituted what has been described as the 'hard-core' of the British unemployment problem.

Unemployment Insurance

The first line of defence for a British worker who falls out of work is the unemployment insurance scheme. This scheme, which was first introduced on an experimental basis in 1911, now covers over fifteen million workers (including a separate scheme on the same principles for agricultural workers). Employers, workers, and the State contribute equal weekly sums—10*d*. each in the case of adult males; rather less for other categories of workers—to a central fund, out of which benefits are paid during unemployment. A married man would receive 30*s*. a week with an additional 4*s*. a week for each of his first two dependent children, and 3*s*. a week for each child after the first two, according to the present scale of benefits. Thus a married man with a wife and three children would now receive 41*s*. a week as unemployment benefit. He would normally continue to receive this sum for twenty-six weeks, but, if he had an exceptionally good record of weekly contributions, he might continue to receive it for so long as a year.

Unemployment Assistance

There is, in any case, a second line of defence. Workers who do not happen to be employed in occupations within the scope of unemployment insurance and insured workers who have, through long or frequent unemployment, exhausted their right to insurance benefit may apply for unemployment assistance allowances at the local office of a body known as the Assistance Board. Unlike insurance benefit, these allowances are not paid as a contractual right. They are based on the 'need' of those who apply for them, and it is the first business of the local officers of the Board to conduct an investigation of the economic circumstances of the household of every applicant in order that the 'need' of the household may be determined. Thus allowances vary, not only according to the size and age composition of the applicant's family, and to such elements in the situation as the rent which is paid, the fees and travelling expenses of schoolchildren, the extra cost of illness in the home, and other unavoidable expenditure, but also with some reference to the income of the applicant's household. The Board is also charged with certain responsibilities relating to the general welfare of its clients, and it makes grants in aid of

educational and social welfare activities conducted by voluntary bodies on behalf of the unemployed.

The Special Areas

The special problem of concentrated long-term unemployment in a few areas (mentioned above) led to the appointment, in 1935, of two Commissioners, with the duty to initiate and assist measures aiming at the economic restoration and social development of what were henceforth to be known as 'Special Areas.' During the five years immediately before the war the Special Area Commissioners played an active part in the life of the districts in which their responsibilities lay, and they spent over £16 millions on the various projects which they either initiated or assisted. New industrial enterprises were induced to settle in depressed districts; public works schemes were developed; local social services—crippled as a result of the fall in the yield of local taxes—were assisted; and all manner of projects aiming at the welfare of these communities were encouraged.

As unemployment has declined to very small proportions since the war began the Assistance Board now deals with less than one-tenth of its pre-war load of cases. If the proposals of the Beveridge Report are accepted unemployed workers will continue to receive unemployment insurance benefit at the new standard rates (64*s.* 0*d.* a week for a man, wife and three children) for an indefinite period, subject only to the condition of accepting suitable industrial training. Under the 'Beveridge' Plan, however, the Assistance Board, as part of a new Ministry of Social Security, would still be responsible for meeting any exceptional needs or special circumstances not covered by standard rates of benefit.

The Employment Exchange System

No account of the measures adopted to deal with unemployment in Great Britain would be complete without some reference to the work of the Ministry of Labour's employment exchange system. The system, which is now over thirty years old, consists of a network of local agencies and a central clearing house. There are also a number of specialised exchanges for certain types of workers, and special facilities are provided for filling agricultural vacancies in scattered rural areas. For boys and girls there are special Juvenile

Employment Exchanges, where a great deal of valuable work is done in advising boys and girls leaving school on their choice of employment and in supervising their industrial welfare, as well as the ritual business of filling vacancies. During 1938 nearly three million workers were placed in jobs by the British employment exchange service which plays a vital part in reducing unemployment due to frictions in the labour market. As an extension of this work special arrangements have been made since 1928 for assisting unemployed workpeople in the depressed areas to move to other districts offering better prospects of permanent employment. Railway fares have been paid for the worker and his family and financial aid has been given towards the cost of removal and resettlement. Over a quarter of a million workers have taken advantage of this scheme of industrial transference during the twelve years immediately before the war. Since the outbreak of war there has been an enormous increase in industrial migration and all the resources of the national system of Employment Exchanges have been used to the full. Great movements of population have taken place and many new problems connected with the housing, transport, and general welfare of transferred workers have had to be faced.

Training for Employment

The Ministry of Labour had for some time maintained several kinds of employment training institutions for boys and girls, and also for men and women. In 1939 boys and girls were being trained in some Junior Instruction Centres.

There were Government Training Centres (for the most part residential) for men wishing to enter new occupations requiring some degree of skill; Instructional Centres for rehabilitating men who had got out of condition as a result of prolonged unemployment; physical training centres; and domestic training courses for women and girls.

Before the war thousands of boys and girls, men and women passed through these centres every year, and many of them were placed in employment on the strength of the training which they had received. Since the beginning of the war there has been a great expansion of training facilities for the purpose of increasing the supply of workers for the armaments industries.

The Future of the Unemployment Services

The British unemployment services have been subject to a continuous fire of criticism during the last twenty years, and this criticism has led to many beneficent changes. Nevertheless, it would be rash to claim that the unemployment services have achieved finality of form. We may be confident that they will be able to take the strain of post-war unemployment much more easily than the embryonic system of insurance and relief which existed in 1919. There can be little doubt, however, that the circumstances of the time will call for many new developments. These new developments are unlikely to involve any sacrifice of the welfare of the unemployed, but we may be certain that from now on increasing emphasis will be placed on measures directed towards reducing the incidence of unemployment itself.

The War and Industrial Welfare

During the war interest has naturally shifted from the welfare of the unemployed (whose numbers are greatly reduced) to the welfare of the great army of industrial workers. This does not mean that nothing is being done for those who are still unemployed, chiefly as a result of war-time dislocation or personal factors. On the contrary, rates of unemployment insurance benefit have been increased and training facilities have been extended. The most interesting developments, however, relate to the organisation of welfare facilities for workers employed in the manufacture of war supplies.

The factory inspectorate, which has hitherto been a responsibility of the Home Office, has been transferred to the Ministry of Labour; an industrial medical service is being established; and a new branch of the Ministry of Labour has been set up to deal with industrial welfare problems. Divisional welfare officers have been appointed for each of the Ministry of Labour's administrative divisions, and local welfare officers have been appointed in every important industrial area. They will be concerned with the provision of factory medical services; communal feeding arrangements; the billeting of workers living away from their homes; the provision of day nurseries and home helps to enable married women to work in factories; the organisation of rest periods, holidays, and recreation; and special measures for the welfare of boys and girls in industry.

In June 1940 the Factory Department and its administration was

transferred from its Home Office to the Ministry of Labour and National Service, in order to facilitate the development of new schemes for the welfare of workers during the war, and to obtain better co-ordination between welfare measures taken inside and outside the factory. The closer association of this Department with its solid traditions, great knowledge of the factories, and the contacts and wide experience which the Factory Inspectorate possessed, with the work of the new Industrial Relations Department of the Ministry of Labour has already led to excellent results.

The work of the Industrial Relations Department is assisted by a Factory and Welfare Board, which works in close association with representatives of the trade unions and employers' organisations, and with industrial welfare workers. Divisional welfare officers have also been appointed for each of the Ministry of Labour's administrative divisions, and local welfare officers have been appointed in every important industrial area. These officers are actively concerned with the provisions of communal feeding arrangements; the billeting of workers living away from home; the provision of day nurseries and home helps to enable married women to work in factories; the organisation of rest periods, holidays and recreation; the arrangement of special measures for the welfare of boys and girls in industry; and the organisation of concerts and entertainments for industrial workers in factories and canteens.

Another important development has been the establishment of an Industrial Medical Service, which has extended to large numbers of industrial enterprises engaged in war production and other essential work factories nursing and medical services of this kind which have proved their usefulness in progressive firms. In the vicinity of Glasgow, where over 40 per cent. of Scotland's insured population works, a special scheme known as the Clyde Basin experiment is of particular interest. The scheme, in effect, provides for industrial workers, free of charge, not only general, but specialist and convalescent medical attention. All insurance doctors at the beginning of this experiment were asked to keep a special supervision over young industrial workers in order to prevent incipient disease or debilitation from becoming an acute or chronic illness. The scheme has recently been extended to cover the whole of Scotland.

When the pressure of war-time necessity diminishes and industrial conditions return to normal, the need for some of these measures will not be as great as it is to-day. But peace will open up many possi-

bilities of constructive action in the field of industrial welfare, and the existence of the new service, tested and tried in the difficult conditions of war, will make it possible to take full advantage of them without delay.

THE PENSIONS SERVICES

Traditionally the care of the elderly and of widows with young children has been regarded as a responsibility of the family, but there have always been some cases where family care has not been available or has broken down. The gap caused by this failure was filled in mediæval times by the charitable work of the Church and Monastery, and later by the Poor Law and the activities of voluntary organisations. With the growing importance of wage-earning as distinct from subsistence production, it became possible for individual workers to make some provision for their old age by saving, and this practice was greatly encouraged in the eighteenth century by the growth of the friendly society movement. During the nineteenth century the friendly society movement increased in importance, and in 1865 the Government began to offer facilities for the purchase of small annuities through the Post Office. But the possibility of preparing for old age by regular savings or contributions to friendly societies was not open to large numbers of unskilled workers earning low wages, and a campaign was set on foot towards the end of the century for the introduction of a State system of old age pensions.

The first Old Age Pensions Act was introduced in Great Britain in 1908. It provided a regular non-contributory pension of 5*s*. a week to old people over the age of 70, who satisfied certain tests relating to their nationality, residence in the United Kingdom, and the means at their disposal. Since 1908 the scale of pensions payable under this scheme has been doubled and the qualifications for receiving a pension have been modified in order to avoid the penalisation of thrift. More important, however, has been the introduction, in 1925, of a *contributory* scheme, providing regular weekly pensions of 10*s*. for insured workers and their wives at the age of 65, and for the widows of insured workers. Additional allowances are paid in respect of children dependent on pensioned widows, and the orphaned children of insured workers receive a weekly pension of 7*s*. 6*d*. each until they reach the age of 14 (or 16 if they are still at school). This scheme is financed by contributions from employers, workers, and the State, to a central fund, so far as widows' and orphans' pensions and the pensions paid to old people up to the age of 70 are concerned, but the State pays the entire cost of all pensions paid to insured workers and their wives over 70. In 1938 old age pensions were paid under these schemes to more than two and a half million men and women, and 821,000 widows and 303,000 children benefited in the same year. In addition to these arrangements, a special pensions scheme for

'black-coated workers' earning between £5 and £8 a week was introduced in 1937, based on voluntary contributions subsidised by the State.

In spite of the war, several important new developments have taken place in the British pensions services, under the Old Age Pensions Act which passed both Houses of Parliament in March 1940. This Act has reduced the pensionable age for insured women and the wives of insured men from 65 to 60, a change which will immediately benefit over 300,000 women. The Act goes further in making provision for the payment of supplementary old age pensions, at the cost of the Exchequer, to pensioners who are in need of additional assistance. The supplementary pensions scheme is to be administered by the Assistance Board. The amount paid will depend upon the 'need' which is determined by the Board's local officers in the circumstances of each case. It will no longer be necessary for any old age pensioner who finds it impossible to make ends meet with the help of his pension alone to apply for relief under the Poor Law or to suffer in silence. If he can establish his need, his right to an augmented pension is now established by law. A man and wife whose private means do not exceed the permitted limit are now entitled to a joint income from old age pensions amounting to 37*s*. a week.

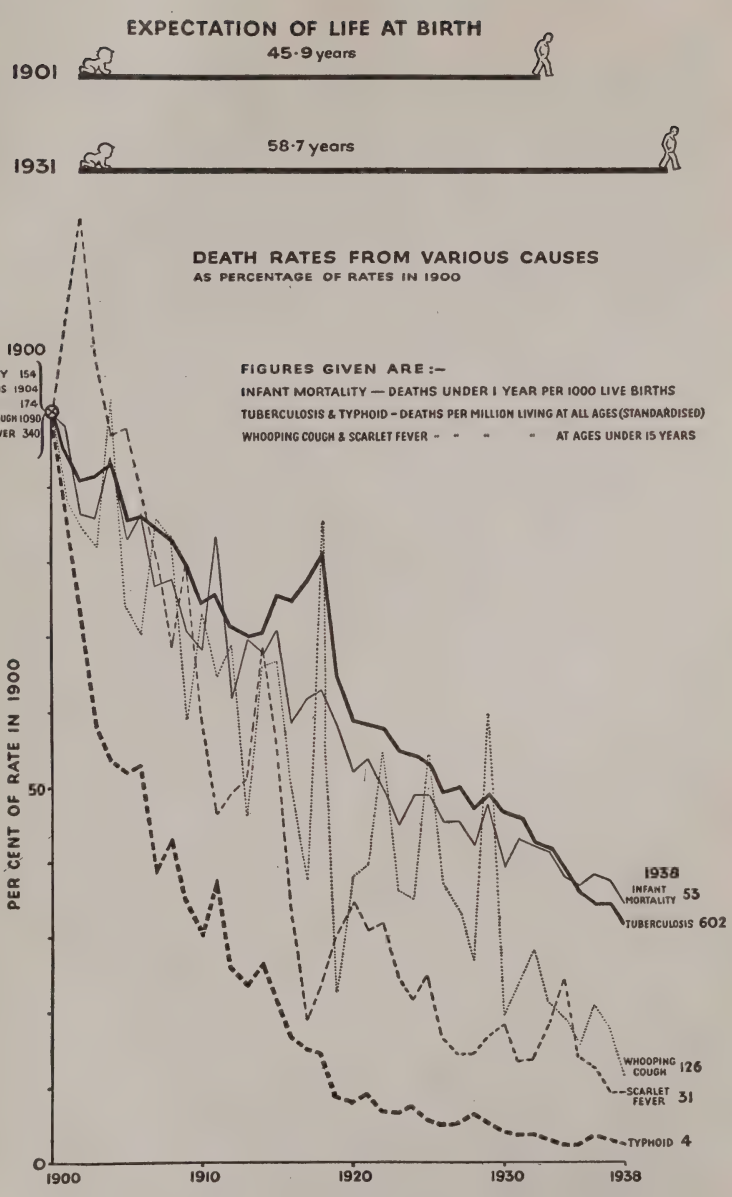
Some idea of the importance of these pensions services in the social economy of Great Britain may be obtained by a consideration of the fact that the number of beneficiaries now exceeds four millions, and that the total amount of all the pensions paid during 1942 was over £140 millions. As the number of old people will increase steadily during the next two or three decades, an automatic increase in the number of old age pensioners and in the total annual expenditure on pensions has to be provided for. If Sir William Beveridge's proposals for the treatment of widows and the elderly are accepted the annual cost of their pensions is expected to be £155 millions in 1945 rising to £320 millions twenty years later. The Beveridge Report recommends that a standard pension of 40*s*. a week should eventually be paid to elderly couples, conditionally on retirement from insured employment. Supplementary help in cases of special need would still be available through a National Assistance Service. It is suggested that the modest unconditional pension now paid to widows of insured men should be superseded by a much more generous widows' benefit (50 per cent. higher than unemployment benefit) for a limited period

of 13 weeks, to allow time for adjustment to new conditions. So long as there were dependent children, 'Guardian benefit' would be paid, and a 'training benefit' is proposed to enable widows to fit themselves for returning gainful employment.

THE RESULTS OF THE SOCIAL SERVICES

The British public social services now represent an annual investment of £450 millions in the welfare of the British people. What kind of dividend in terms of human happiness and social well-being does this huge outlay produce? It would, of course, be claiming too much to attribute all the social advances of the last fifty years to the development of the social services. Improvements in industrial organisation and technique, commercial expansion, and the reduction in the size of the average working-class family have all played an important part in raising the standard of living of the mass of the population of Great Britain, and the contribution of the social services has to be considered against the background of these wider changes. That great improvements have taken place cannot be disputed. As a result of universal elementary education illiteracy has been virtually eliminated, there has been a remarkable improvement in social manners, and the mental horizon of the vast majority of the population has been greatly extended. Post-primary education has produced the vast army of technicians, clerical workers, and public servants upon whom the operation of a complex industrial civilisation depends. And the higher educational institutions—the universities, the technical institutes, the training colleges, and so on—have made it possible for young men and women of promise from all ranks in society to be trained for the ever-increasing number of professional appointments and the higher executive posts in Government service—at home and in the Empire.

The work of the health services is reflected in the steadily increasing span of expected life, in the reduction of mortality rates, in the virtual disappearance of diseases which were formerly dreaded scourges, and in the improvement in the physique and vitality of schoolchildren. Between 1901 and 1931 the expectation of life of a child born in England and Wales increased from 45.9 years to 58.7 years—a gain of nearly thirteen years in three decades. During the present century scourges of past times, such as cholera and smallpox, have virtually disappeared, and typhoid, which accounted for 1228 deaths per million persons living in 1838, was responsible for only 174 deaths per million in 1900 and only 5 per million in 1938. The tuberculosis death-rate, which had already declined steeply during the nineteenth century, has since fallen from 1904 deaths per million in 1900 to 602 per million in 1938. Since the beginning of the present century the infant mortality rate—which is recognised to be one of the best indices of the general health of a community—has fallen from 154 to 53 per thousand


EXPECTATION OF LIFE AT BIRTH
1901
45·9 years
1931
58·7 years
DEATH RATES FROM VARIOUS CAUSES
AS PERCENTAGE OF RATES IN 1900
1900
INFANT MORTALITY 154
TUBERCULOSIS 1904
TYPHOID 174
WHOOPING COUGH 1090
SCARLET FEVER 340
FIGURES GIVEN ARE :–
INFANT MORTALITY — DEATHS UNDER 1 YEAR PER 1000 LIVE BIRTHS
TUBERCULOSIS & TYPHOID – DEATHS PER MILLION LIVING AT ALL AGES (STANDARDISED)
WHOOPING COUGH & SCARLET FEVER - - - - AT AGES UNDER 15 YEARS
PER CENT OF RATE IN 1900
50
0
1900
1910
1920
1930
1938
1938
INFANT MORTALITY 53
TUBERCULOSIS 602
WHOOPING COUGH 126
SCARLET FEVER 31
TYPHOID 4

live births, and the maternal death-rate has declined from 4.27 to less than 3 per thousand births over the same period. Many children's diseases also have become much less deadly. Thus the scarlet-fever death-rate, which stood at 340 per million children under 15 in 1900 was only 31 per million in 1938; and the death-rate from whooping-cough fell from 1090 to 126 per million children living during the same period. Meanwhile there has been a marked improvement in the weight, height, and the general health of children. The incidence of deficiency diseases such as rickets has been enormously reduced since the beginning of the present century, and the records of the school medical service testify to the inroads which have been made into malnutrition, disabling minor defects and ailments, and problems of uncleanliness during the last thirty years.

The contribution of the social insurance and social assistance schemes has been to eliminate the desperate poverty which in former times accompanied unemployment, illness, widowhood, and old age. The scale of insurance benefits, pensions, and allowances is by no means lavish, and no one who is *wholly* dependent on incomes of this kind can be said to be living in comfort and ease. But fear of destitution has been abolished, and a minimum standard of living has, in effect, been established below which no citizen can be allowed to fall on account of failure of wage-earnings. The social results of these developments have been profound and far-reaching. The sense of personal insecurity which did so much to undermine good industrial and social relations in the past is much less keenly felt; the effective standard of living of the industrial population has been raised appreciably; and it has become possible for the great majority of working-class men and women to look forward to a life free from humiliating economic dependence upon others after their retirement.

These are substantial gains which have abundantly justified the heavy expenditure that has been made on the public social services in Great Britain. They demonstrate that it is by no means impossible for a democratic State which respects the freedom of the individual to mobilise its resources of wealth and human ability and bring them to bear with impressive results upon the major social problems of an industrial civilisation. But they afford no excuse for complacency. There remain many blemishes on our society. We have not yet finished clearing the slums. There is still a great deal of overcrowding. We cannot remain satisfied with our existing educational arrangements. The health of the community still falls short of what re-

cent advances in knowledge have shown to be possible. The fear of poverty has not been wholly abolished. There are, in fact, many tasks outstanding which call for energetic and resourceful action, and the war is likely to give rise to many others. The successful accomplishment of these tasks will probably call for a much greater measure of State activity and the expenditure of larger sums of money on the public social services than anything hitherto known. It is, moreover, certain to call for many new developments in the organisation of the social services and their administration. These matters have been the subject of much research and discussion in Great Britain in recent years and there is no lack of constructive proposals for future action. Some important developments in the social services have taken place since the outbreak of war, and it is not unlikely that they will be followed by others even more far-reaching before the war is over. Not until a durable peace is established, however, will it be possible to come to grips with the outstanding social problems of our age and to mobilise the resources of the community in the service of reconstruction.

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